MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		06492	CERTIFICATE	OF DEATH		06479
illed in by the funeral papers. Pages 1 and 2 hin 72 hours ofter death.	b. (CE OF DEATH COUNTY ARROLL ITY OR TOWN (If outside corporate lin write RURAL and give nearest town)	2 10 DAYS	a. STATE	le carporate limits, write RURAL and	ARROLL
the attending physicion and campletely filled in last permit. Then please remove carbon papers. notian, or remaval, and in ony event, within 72 ho	3. NA. DEC (Tyr) S. SEX 10a. US during	ME OF EASED De or print) 6. COLOR OR RACE MALE WAL OCCUPATION (Give kind of work do most of working life, even if retired) OLIGHTORY THER'S NAME	First Middle IRENE AND S 7. MARRIED NEVER MARRIED DIVORCED DIVORCED DIVORCED NEVER MARRIED DIVORCED	Last 4 TA SIO B. DATE OF BIRTH AUG-2/19 11. BIRTHPLACE (Edunty 8.5) CAPPOLL 14. MOTHER'S MAIDEN NAM	DATE OF DEATH 9. AGE (In years last birthday) Yrs. Iate, or fareign country) 1. AGE (In years last birthday) Yrs.	ON A FARM? YES NO DOY YEAR 19 6 7 IDER 1 YEAR IF UNDER 24 HRS. This DOYS Hours Min. 2. CITIZEN OF WHAT COUNTRY?
ending physicion. s been signed by os the burial-tran riar to burial, crer	(Yes, n	(If yes give war or dote B. CAUSE OF DEATH (Enter only one PART I. DEATH WAS CAUSED BY: IMMEDIATE CAU Dinditions, if any, which gave te to immediate cause (a), ating the underlying cause st.	cause per line for (a), (b), and (c).)	MRS HILDA HEMORRHA	LOTZ WEST	INTERVAL BETWEEN ONSEL AND DEATH ONSEL AND DEATH OF THE PROPERT OR MED?
be retained by the has DIRECTOR: After this ce ge 3 shauld be detache led with the State Dept.	MEDICAL CERT	D.1111.	9 While Not While at work at work at work at work	CE OF INJURY (Home, form, fory, street, office bldg., etc.) 4	20f. (City or town) 7, ta 5/5, M, fram causes and causes	(County) (State)
Poge 4 may TO FUNERAL director, pog 89/1 w 05 Should be fit	13	UNERAL DIRECTOR 23b. DATE (EMOVAL Specify) UNERAL DIRECTOR 2 - Myllon	THEREOF 23c. NAME OF CEMETERY OR ADDRESS A. WESTMINSTER	CEMETER 25a. REC'D BY		(County) (State) RES SIGNATURS WLES JUNGER

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death

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		0649	3		CERTIFICA	ATE	OF DEATH			0	6480	
60		LACE OF DEATH					2. USUAL RESIDENCE (W	here decease			pefare admissio	on)
	a	. COUNTY Car	roll		MARYLAN		a. STATE	vland	b. cour	rroll		
	b		f autside carparate limits	,	c. LENGTH OF STAY IN 16		c. CITY OR TOWN (If aut			RAL and give no	earest tawn)	
		write RURAL and	give nearest tawn)		1 day		Rural-We	ostmi	nster	06	-/	
,	d	NAME OF HOSPIT	inster AL OR INSTITUTION (If no	t in haspital			d. STREET ADDRESS	00011	110001	1,000	e. IS RESID	DENCE
60					Mospital		R. D.	5			ON A F	
97					Middle		Last	4. DATE	Mont	h	Doy Yes	Land
	0	NAME OF DECEASED	Fir	IARD		D		OF				67
		Type or print)			L.		ATR, SR.	DEATH	AGE (In yeors		AR IF UNDER	
	S. S		6. COLOR OR RACE	7. MARRIED					last oirthday)		ys Haurs	Min.
		Male	White	WIDOWED	DIVORCED [110	ct. 11,188		OZ yrs.	10 000	W 05 14014 T	
		USUAL OCCUPATION ng mast af warking	(Give kind of work done		IND OF BUSINESS OR		11. BIRTHPLACE (County &			COLIN.	N OF WHAT	
	R	etired-	Farmer				Carroll		Md.	U.	S.A.	
	13.	FATHER'S NAME					14. MOTHER'S MAIDEN N	AME				
		T	athan Bai	r			Lucre	etia	Green			
			R IN U.S. ARMED FORCES?		SOCIAL SECURITY NO.	17. 1	FORMANT		Addre	228		
	(Yes	s, na, ar unknawn)	(If yes give war ar dates o	f service)	7-12-22921		Mrs. Mami	e Tai	r Sam	e As #	5	
		IR CAUSE OF DE	ATH (Enter anly ane cau			-					INTERVAL BET	
		PART I. DEAT	TH WAS CAUSED BY:		(-), (-), (-),						ONSET AND D	DEATH
		1511	IMMEDIATE CAUSE		1		THE RESERVE					
		Canditians, if any,	hish save >	(b)	branca					133.0		
		rise to immediat	e cause (o),									
		stating the under	rlying cause									
			J	(c)	TO DEATH BUT NOT RELATED	10.1	TERMINAL DISEASE COM	DITION CIVE	I IN PART 1(a)		19. WAS AUT	OPSY
	8								THE PART I(U)		PERFORM	IED?
	CATION				o careers				10.1		YES	NO L
	CERTIFI	20a. ACCIDENT WA	S UNDERLYING CAUSE OF DEATH	20b. DI	SCRIBE HOW INJURY OCCUP	RRED. (Enter nature of injury in F	'art I ar Part	Il at item 18.)			
			MEDICAL EXAMINER)									
	MEDICAL	20c. TIME OF INJU	JRY Manth, Day, Year				E OF INJURY (Hame, farm, ory, street, office bldg., etc.)	,	(City ar tawn)	(Caunt	()	(State)
	ME	p.r	n. 19	While at war	k at wark							
		21. I certi	fy that (I) (this has	pitol) atten	ded the deceased fro	m	may 29 ,1	962, 10	May 3	0, 1965	, that (I) (we) last
		sow the d	eceosed olive on	Zucy 3	ded the deceased from 1967 , and	thot	deoth occurred ot	12-2 W	, from couses	ond on the	dote stote	d obove.
		22a. SIGNATURE	1		/		ATTENDANC	AAED	CYACE			
			John S.	lotars	wy	M.D	PHYS.	DIRECTOR	PHYS. L	1 0/3	0/67	911
/		22c. PHYSICIANS					22d. ADDRESS	/ //	- 1	,	-	1
		NAME (Type	1041	SH	ARSHEY, H	(,).	Laurel	u dl	Wes	lund	- Cu	-
	23a	. BURIAL, CREMATIC		EREOF	23c. NAME OF CEMETER	Y OR (REMATORY	23d. LO	CATION (City or To	own) (C	ounty) (Stote)
		REMOVAL (Specify	6/2/	967	St. Jame	95	Cemetery	Den	nings	Carro	II Co	. bis.
	24	FUNERAL DIRECTO	R		ADDRESS		2Sa. REC'D	BY REGISTR	AR 2Sb. R	EGISTRAR'S SIGI	NATURE	
	C	. M. Wa	iltz Box 2	41 Sy	rresville,	Md	. DATIJU	N 2	1967 /	Charle	Judge	-
- 1												

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-tronsit permit. Then please remove carbon popers. Pages 1 and 2 TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 moy be retained by the hospital or attending physician.

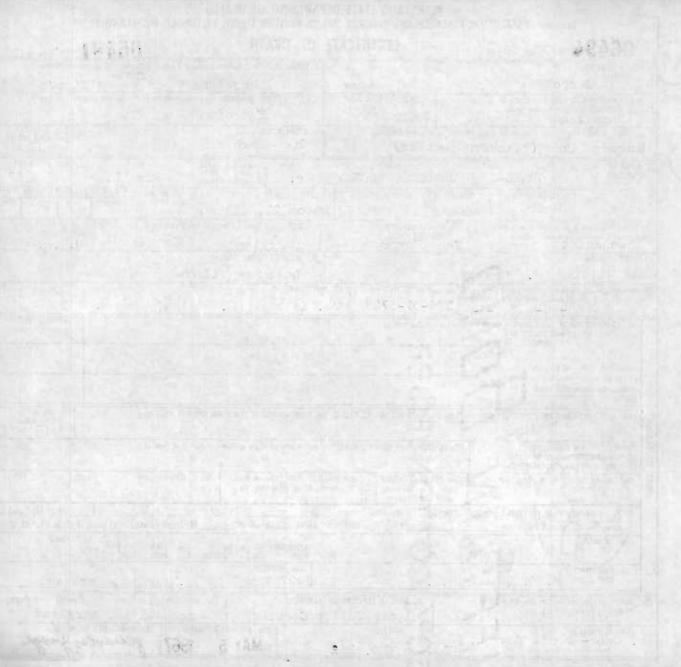
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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY b. COUNTY Carroll Maryland Baltimore MARYLAND c. CITY OR TOWN (if autside corparate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest tawn) Timonium 1 day Hampstead e IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS 2004 York Road Hanower Pike (Black and Decker) YES NO T 3. NAME OF Middle Last 4. DATE Manth Doy Year First DECEASED OF CHARLES BOSLEY 2. ELWOOD Sr. May 19 67 (Type or print) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE B. DATE OF BIRTH AGE (In years 7. MARRIED XX NEVER MARRIED last birthday) Months Doys Male White March 22, 1918 WIDOWED DIVORCED 11. BIRTHPLACE (County & State, ar fareign country) 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 10a, USUAL OCCUPATION (Give kind of work done COUNTRY? during most of working life, even if retired)
Machinist Tool Maker U.S.A Marvland 14 MOTHER'S MAIDEN NAME 13 FATHER'S NAME William H. Bosley Lola May Wilson 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address (Yes, na, ar unknown) (If yes give war ar dates of service 216-07-5723 Mrs. Isabelle C. Boslev, Same as # Yes B-10-45/12-5-45 INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave (b) rise to immediate cause (a). DUE TO stating the underlying cause lost. 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 2 PERFORMED? YES NO 20o. ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year Haur o.m. factory, street, affice blda., etc.) Nat While ot wark ot wark 1967 to 5-2-1967, that (1) (we) lost 21. I certify that (1) (this bospital) attended the deceased from saw the deceosed olive on_ and that deoth occurred of $\stackrel{\checkmark}{\leftarrow} \mathcal{D}$ M, from couses and on the date stated above. 22b. DATE SIGNED 22a. SIGNATURE 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) M. K. Quinn, M.D. 1927 York Road, Tinonium, Maryland 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION Dulaney Valley Cemetery Cockevsville, Maryland May 5, 1967 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Wm. Cook-Brooks Towson. 1050 York Road 1967

Towson, Md. 21204

l ond 2 within 24 haurs after death ofter by the ti the papers. Pog .⊆ completely filled in nove carban paper ty event, with 72 executed remove ond in any rsicion o death certificate removal phy attendi permit. 0 cremotian. the the signed by the buriol-transit OR ATTENDING PHYSICIAN: The law requires that hos been se as the the prior to b be retained by the hospitol ar attending Health p certificate for detached State Dept. this (pe 3 should with the TO FUNERAL DIRECTOR: director, page should be filed Page 4 may b



TO SECRETARION OF THE SEC.

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

by the funeral Bages 1 and 2. filled in I within 7 ond completely fi remove carbon in any event, with DOO in any physician en please or removal, signed by the offer burial-transit perm buriol, cremation, o as the attending has O FUNERAL DIRECTOR: After be retained director, poge 3 should be filed v

rise to immediate couse (o).

stoting the underlying cause

220. SIGNATURE

23o. BURIAL, CREMATION

saw the deceased alive an____

that the death certificate be executed within 24 hours ofter death

PHYSICIAN:

06495 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH b COUNTY o. COUNTY MARYLAND b CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Ili days Raltimore e. IS RESIDENCE ON A FARM? d STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) Coldenning YES NO To State Fospital 4 DATE Year 3 NAME OF Middle DECEASED 19 67 DEATH (Type or print) Read law 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. S SEX 6. COLOR OR RACE 8 DATE OF BIRTH 7 MARRIED NEVER MARRIED last birthdoy) Months Hours WIDOWED DIVORCED white 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & Stote, or foreign country) COUNTRY? during most of working life, even if retired) **INDUSTRY** Bet aconsper Lougardifa 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME Chamber Barren imlanoim 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service) Springfield State Fosnital unimoun. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line far (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (o) Heart Failure days DUF TO (b) Arteriosclerotic heart disease Conditions, if ony, which gove vears

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)

CBS assoc. w/senile brain disease w/psychotic reaction.

200. ACCIDENT WAS LINDERLYING TO 1.20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 18.)

23c NAME OF CEMETERY OR CREMATORY

MEADOWRIDGE

200. ACCIDENT WAS UNDERLYING ☐ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)
OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town)

Hour o.m.
p.m.

19
While otwark of wark foctory, street, office bldg., etc.)
21. I certify that (I) (this hospital) attended the deceosed from

DUF TO

the deceosed from 1767, 19, to -37, 19, that (I) (we) last 197, and that death accurred at 12.1 M, from causes and an the date stated abave.

MD. ATTENDING MED. STAFF PHYS. STAFF PHYS. 5-31-67

22c. PHYSICIAN'S MAD. PHYS. L. 22d. ADDRESS NAME (Type) Ernest Beiser, M.D. Syke

Sykesville, Maryland

23d. LOCATION (City or Town) (Co

or Town) (County) (Stote)

(County)

19. WAS AUTOPS

PERFORMED?

NO

(Stote)

YES X

24 FUNERAL DIRECTOR SOLVETTE STATE ADDRESS

250. REC'D BY REGISTRAR
DATE JUN 5 196

the first and marginal transfer of the stage of August 1981. SINE WATER DAMES AND THE Bundyard , Allred Her

death. TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the functional director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
OF A GRAND CERTIFICATE OF DEATH
OF A GRAND CERTIFICATE OF DEATH

	116446		CERTIFICAT	E OF DEATH		10370
1.	PLACE OF DEATH	0.1		1 2. USUAL RESIDENCE (When	re deceased lived, If institution:	Residence before admission)
	a. CDUNTY	Consill		a. STATE	, b. COUNTY	0.0
		20000	MARYLAND	many	wind Can	relle
	b. CITY DR TDW!	N (if outside corporate limits, and give nearest town)	c. LENGTH DF STAY IN 1b	c. CITY OR TOWN (If outside	corporate limits, write RURAI	L and give nearest town)
	2.4	herter	60 Vr	Maurhe	iter	061
	d. NAME OF HOS	PITAL OR INSTITUTION (if not in h	ospital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE DN A FARM?
				S. Main St.		YES ND
3.	NAME DF DECEASED	First	Middle		ATE Month	Day Year
	(Type or print)	MArgaret	MANY	BrilhArt B	EATH MAU =	26 1967
5.	SEX	6. CDLDR DR RACE 7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH		R 1 YEAR IF UNDER 24 HRS.
/	Resa . Pa	Tithi to WIDDWED	DIVDRCED T	Oct.25. 1887	last birthday) Months	Days Hours Min.
10a	. USUAL DCCUPAT	IDN (Give kind of work done 1Db. K	IND OF BUSINESS DR	11. BIRTHPLACE (County &:	State, or foreign country) 12. C	ITIZEN OF WHAT
Grai	The P	ing ine, even it recireu	1DOSIKI	Carroll Co.		ISA
13.	FATHER'S NAMI	E		14. MOTHER'S MAIDEN NAM		
5-	Mhama	- Walla		Harriet Jam	ieon	
15		S Wells VER IN U.S. ARMED FORCES? 16.	SDCIAL SECURITYND. 17.	INFORMANT	Address	
		(If yes give war or dates of service)				263
	no	116	0-16-2276 B Mr	. Walter F. Bri	Lhart, Manchest	er, Ma.
	18. CAUSE OF D	DEATH [Enter only one cause per I	ine for (a), (b), and (c).]	1 , 7 ,	1	ONSET AND DEATH
	PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	wito 1	eart tac	lure	Olisti Anto Death
	4221					
	Conditions If	DUE TO	On t	-1 (m. 1 : 11	asale D.	1.
	Conditions, If a		enouse	a curacio V	and later	in lay
	cause (a), st	DIE TO				/
	underlying caus	e last. (c)				
NO	PARTIL DTHER S	IGNIFICANT CONDITIONS CONTRIBU	ITING TO DEATH BUT NOT REL	ATED TO THE TERMINAL DISEASE	CONDITION GIVEN IN PART 1(a)	19. WAS AUTDPSY PERFORMED?
CAT		Carina	ma ne	Lible some	10 d 0 =	YES ND ND
F	2Da. ACCIDENT	WAS UNDERLYING 20b.	DESCRIBE HOW INJURY OCCU	JRRED. (Enter nature of Injury	In Part I or Part II of Item 18	
CERTIFICATI	DR CDNTRIBUTI	NC CAUSE OF DEATH				
ICAL	20c. TIME DF I	NJURY Month, Day, Year 20d. I			Of. (City or town) (Co	ounty) (State)
EDIC	Hour a.m	4411110	Not while	ory, street, office bldg., etc.)		
2	p.n			1049	10/4 2 / 10/	T that Million last
		y that (1) (this hospital) attend			, to May 26 , 196	
	saw the dec	ceased alive on A V 26	19 <u>{\$\pi\$</u> , and tha	t death occurred at Sport		DATE SIGNED
	228. SIGNATUR	11/7		ATTENDING - MED.	STAFF STAFF	DAIL SIGNED
	4	11 Hours	M.I	D. PHYS. DIRECTO	OR PHYS. 15	26/6/
	22c. PHYSICIA NAME (Ty		1./	22d. ADDRESS	11/20 11/	71/03
		14.11101	ra MI)	MANCHE	ster and	7// 02
23a	 BURIAL, CREM. REMOVAL (Spe 		23c. NAME OF CEMETER	Y OR CREMATORY 23d	. LDCATIDN (City, town or co	ounty) (State)
	Burial	5/29/67	Manchester C		Manchester	Md.
24	. FUNERAL DIRE		ADDRESS	1º 25a. REC'D BY	REGISTRAR 25b. REGISTRAF	R'S SIGNATURE
	Tipton-	Eline Fun. Home, H	lampstead, Md.	DATE MAT 3	1 1961 Julian	les judge

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			April 10 Targettin

VR A AI5 (4) M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OF DEATH

U0498 CEN	HIFICALE OF DEATH		N6485
1. PLACE OF OEATH	2. USUAL RESIDENC	CE (Where deceased lived, If institution	n: Residence before admission)
a. COUNTY	a. STATE	b. COUNTY	Carroll
b. CITY OR TOWN (if outside corporate limits, c. LENGTH	MARYLANO CF STAY IN 1b C. CITY OR TOWN (IF	VI and outside corporate limits, write RUI	
write RURAL and give nearest town)	F STAT IN 1D C. CITY OR TOWN (IT	outside corporate limits, write kor	WAT BING RIAG HEGIEST TOWN
Rural Sykesville 13	Years Rural	Sykesville	05:1
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give			e. IS RESIDENCE ON A FARM?
Ridge Road	Rid	re Road	YES NO
3. NAME OF DECEASED TO HAVE IN	ABLE 319	4. DATE Month DF May	8, 1967
5. SEX 6. COLOR OR RACE 7. MARRIEO NEVER		9. AGE (In years IF UNC	DER 1 YEAR IIF UNDER 24 HRS.
	VORCED 2-6-1908	last birthday) Month	s Oays Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INOUSTRY			. CITIZEN OF WHAT COUNTRY?
Lawyer	Maryland	A	USA
13. FATHER'S NAME	14. MOTHER'S MAIL		N. Seak
7 1 77 77 17 77			
John W. Cable, Jr.		e Betts	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECU (Yes, no, or unkown) (If yes give war or dates of service)	RITY NO. 17. INFORMANT	Address	
No 217-03-	6424 Mrs. Ethel	l Cable Sykesy	rille. Md.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b)		L JUILL DY NOS V	I INTERVAL BETWEEN
	of skull from maste	oid logion	ONSET AND DEATH
IMMEDIATE CAUSE (a) Call Clifonia	or skull from maste	old lesion,	
1740 DUE TO			3/5/67
Conditions, if any, which by Bony meta;	stasis of the skull	. hemorrhage from	through
gave rise to Immediate (5/8/67
cause (a), stating the	2 1		3/0/0/
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEA 20a. ACCIDENT WAS UNDERLYING TO CONTRIBUTING TO DEA 20b. DESCRIBE HO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	nasal pharynx, amer	M12 . SHETGASIB. DISEASE CONDITION GIVEN IN PART 1	(a) 19. WAS AUTOPSY PERFORMED? YES NO 27
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	W INJURY OCCURRED. (Enter nature of	f Injury in Part I or Part II of Item	18.)
	RED 20e. PLACE OF INJURY (Home, fa	arm, 20f. (City or town) (County) (State)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCUR Hour a.m. While Not Whi at work at work at work	factory street office bldg e		(01010)
p.m. 19 at work at worl			
21. I certify that (I) (this hospital) attended the dece	ased from March 5, , 1	96/ to May 8, 19) 6 /, that (I) (we) last
saw the deceased alive on May 8, 19	7, and that death occurred at	2:30 M. from the causes and o	n the date stated above.
22a. SIGNATURE	المناه	22b.	OATE SIGNED
Howard & Hou	M.D. ATTENDING PHYS.	MED. STAFF DIRECTOR PHYS.	May 10, 1967
22c. PHYSICIAN'S	22d. ADORESS		
NAME (Type) Howard E. Hall, M.D.	S	ykesville, Marylar	nd
23a. BURIAL, CREMATION, 23b. OATE THEREOF 23c. NAM	E OF CEMETERY OR CREMATORY	23d. LOCATION (City, town or	county) (State)
Burial 5-10-67 Lake	View Park	Sykesville	Md.
24. FUNERAL DIRECTOR		C'O BY REGISTRAR 25b. REGISTA	RAB'S SIGNATURE
Thomas Il Hairle S. I	and leave	1 2 1967 gelian	la Judge
MUNITU HAUGHT SUKEDILLE	MILL. DANGA	1 6 1301	00

Deer to one of the latest and the la

24 hours after-death.

executed within

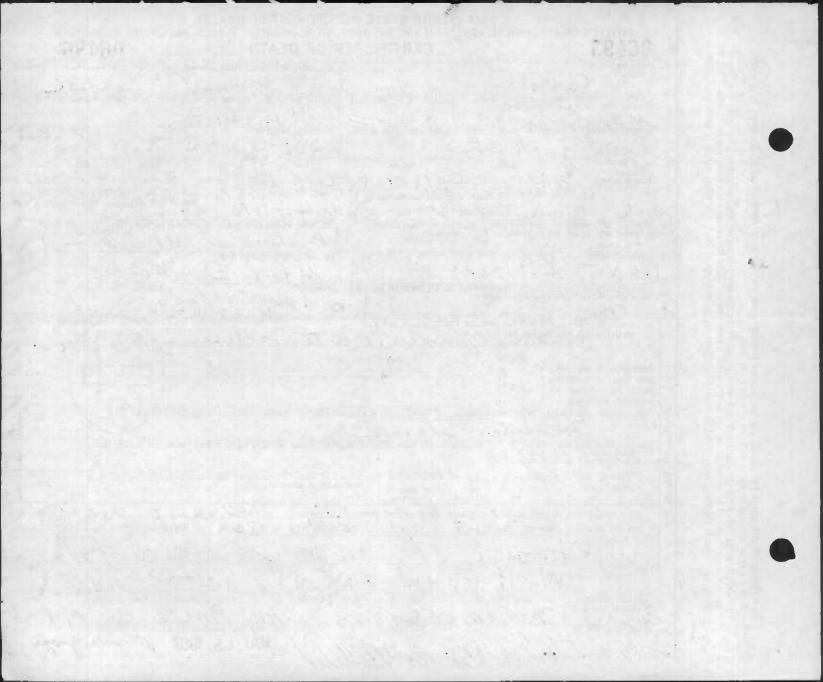
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate Page 4 may be retained by the hospital or attending physician.

DIVISION OF STATISTI

	MARYLAND STATE DEPARTM	MENT OF HEALTH	
CAL	RESEARCH AND RECORDS, 301 W	. PRESTON STREET,	BALTIMORE 1, MARYLAND
	CERTIFICATE OF	DEATH	06486

1.	PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: R	esidence before admission)
	Carroll MARYLAND	a. STATE Marenday b. COUNTY	12.18
	b. CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL	end give nearest town)
	write RURAL and give nearest town)	Manila	3617
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE
	206 40+KST	206 york ST	ON A FARM?
3.	NAME DF First Middle	Lest / 4. DATE Month	Day Year
	DECEASED (Type or print) ATY CATHERINE	Caltrider DEATH MAY 9	1967
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	B. OATE OF BIRTH 9. AGE (In years IF UNDER last birthday) Months	Oavs Hours Min.
10	male White WIDOWED OIVORCEO	1Arch14-1810 97 yrs.	oays Hours Hill.
10a dur	. USUAL OCCUPATION (Give kind of work done ing most of working life, even if retired) 10b. KIND OF BUSINESS OR INOUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CI	TIZEN OF WHAT
13.	FATHER'S NAME	14. MOTHER'S MAJOEN NAME	3 7-
	John T. Allison	MARY E MOFFI.	S
15	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT / / Address	
(16	s, no, or unkown) (If yes give war or dates of service)	ISS ANNA CATTILOTA	ud
	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Generalized C	internosclemens	S S S S S S S S S S S S S S S S S S S
	DUE TO TO		70
	Conditions, If any, which) (b)		
	gave rise to immediate cause (a), stating the DUE TO		
	underlying cause last. (C)		
No.	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY
ICAT	Dembitus aleens		PERFORMED?
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RREO. (Enter nature of Injury in Pert I or Part II of Item 18.	
	20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 20e. PLAC	CE OF INJURY (Home, farm, 20f. (City or town) (Cou	nty) (State)
MEDICAL	Hour a.m. While Not While p.m. 19 at work at work	y, street, office bldg., etc.)	
	21. I certify that (I) (this hospital) attended the deceased from	uly , 1952, to May 9 , 196	Z, that (1) (we) last
	saw the deceased alive on 7 167, and that	death occurred at M. M. from the causes and on the	e date stated above.
Н	22a. SIGNATURE		TE SIGNED
	W/ Hoand M.O.		9/67
	22c. PHYSICIAN'S NAME (Type) W. H. FOARD M.D.	MANCHESTET M	
23a		OR CREMATORY 23d. LOCATION (City, fown or cou	nty) (State)
	Surial May 10 196) DRUID RINGE	CEMETERY BALTO. Co.	Md
24	FUNERAL DIRECTOR AOORESS	25a. REG'O BY REGISTRAR 25b. REGISTRAR'	S SIGNATURE
1	DURGER FULLERAL HOME 3631-FALL	5 Pol DATEMAT 15 1961 Juliane	the finale
	(AU/NM KV/Believ XIOM.	N/	

VR AI5 (4) 20M 1/65



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

06500	CERTIFICATE	OF DEATH		05487
1. PLACE OF DEATH o. COUNTY (arroll	MARYLAND	o. STATE Maryle		/
b. CITY OR TOWN (If outside corporate limits, write RURAL and give, nearest tawn) Finksource, Md.	c. LENGTH OF STAY IN 16	Baltimore	de corporote limits, write RURAL one	30.9
d. NAME OF HOSPITAL OR INSTITUTION (If not in haspite Hanover Pike, Greenmoun	44.1	d. STREET ADDRESS	st Ave.	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First PECEASED (Type or print) FRNest L. (nock)	Middle		4. DATE Month	Doy Yeor 967 19
S. SEX 6. COLOR OR RACE 7. MARRII WIDOWI	ED NEVER MARRIED	8. DATE OF BIRTH 5/24/1891	lost birthdoy) Mon	
during-most of working life, even if retired)	NATION OF BUSINESS OR INDUSTRY Produce Marke	11. BIRTHPLACE (County & S 2. Tanoier, 14. MOTHER'S MAIDEN NAI	Virginia	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Edward (rockett		Julie Thon	ma A	
(Yes, no, or unknown) (If yes give wor or dotes of service)	217-07-6819 Mn	s. Eleanor	Address 2: Opughtenty 421	1229 Wicklam Rd.
18. CAUSE OF DEATH (Enter only one couse per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove) (b)	Jack des	al inforce	teon	SULLS
rise to immediate cause (o), stating the underlying cause lost.	arterised	esotie Co	rdio Vas. Des	5
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	NG TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDI	TION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES \(\text{NO} \)
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	. DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in Po	rt I or Port II of item 1B.)	
Hour o.m.		CE OF INJURY (Home, form, eary, street, office bldg., etc.)	20f. (City or town)	(County) (Stote)
21. I certify that (1) (this haspital) att	tended the deceased fram L 3 19 67, and tha	190 t death accurred at		19 that (1) (we) las an the date stated above
220. SIGNATURE	M.		SED. STAFF 22	2b. DATE SIGNED / 5/13/67
22c. PHYSICIAN'S NAME (Type) Donald A Kr	night, M.D.	Meu	mount, of	10
23a. BURIAL, CREMATION, 23b. DATE THEREOF BURIAL (Specify) 5/17/67	23c. NAME OF CEMETERY OR Moreland Mer	norial Park		(County) (State)
24. FUNERAL DIRECTOR John A. Moran. Inc. 3000	E. Baltimone	2Sa. REC'D E	BY REGISTRAR 25b. REGISTRA 1 6 1967 ACLIAN	AR'S SIGNATURE

ro Hospital or Attending PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

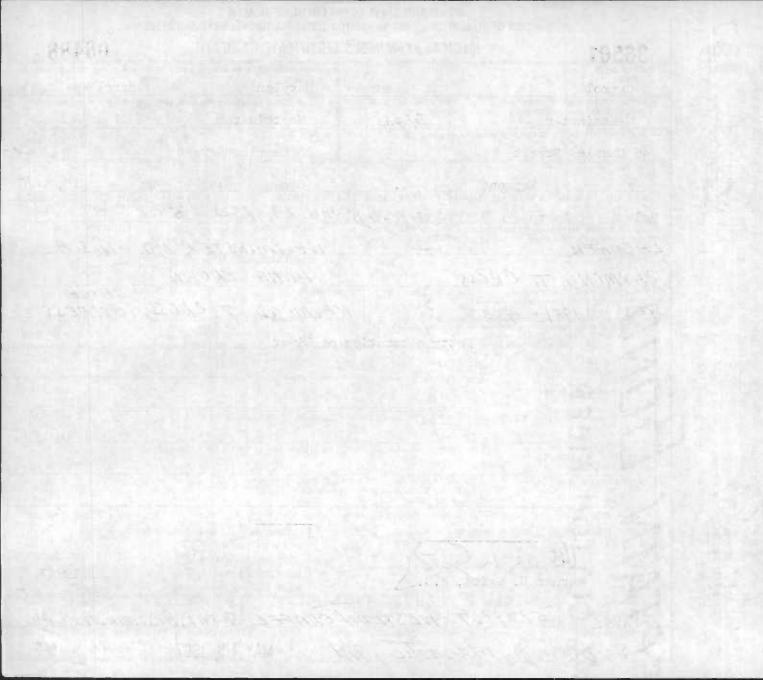
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TO DESCRIPTION OF THE PROPERTY OF THE PROPERTY

			HAV LEWIS	י טו	1241	L DLI MI	THAFFIAL	OI IILALII		
VISION	0F	VITAL	RECORDS,	301	W.	PRESTON	STREET,	BALTIMORE,	MARYLAND	2120

OR STATE		06501	MED	ICAL EXAMINER'S	CERTIFICATE O	F DEATH		064	88	
EALTHIDEPT.		PLACE OF DEATH O. COUNTY Carroll		MARYLAND	2. USUAL RESIDENCE (V o. STATE Maryland		f institution: Reb. COUNTY		e admission)	
3. Page	ł	o. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)		c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If ou				it town)	
farm PM:		Westminster MANE OF HOSPITAL OR INSTITUTION (If not in	n hospital.	aive street address)	Westmin	ster		0	e IS RESIDENC	
form form		46 Charles Street		,	46 Charl	es Street			ON A FARM	
Pog		NAME OF First DECEASED		Middle	Lost	4. DATE OF	Month	Day		_
olong w	5. 5	Type or print) Raymon EX 6. COLOR OR RACE 7	. MARRIED	E. NEVER MARRIED	Cross 8. DATE OF BIRTH	9. AGE (In		NDER 1 YEAR		HR
ond 2 death.	_	Male Negro	WIDOWED	- SELEKKICHI	JAN. 23,19		yrs.		Hours M	ın
s s (fer	duri	USUAL OCCUPATION (Give kind of work done ng most of working life, even if retired) FATHER: NAME		IND OF BUSINESS OR NOUSTRY	11. BIRTHPLACE (State WESTM) 14. MOTHER'S MAIDEN	NSTER	MD	2. CITIZEN OF COUNTRY?		
o du di	K	PAYMOND T. CK	220		ANNA	BROWN	/			
Medicol Ex Medicol Ex permit. Fil		WAS DECEASED EVERTN U.S. ARMED FORCES? s, no, or unknown) (If yes give wor or dates of so			PAYMOND	T, CRO		SAME FUDRE		
the word "per to the Chief" is burial-transit		18. CAUSE OF DEATH (Enter only one couse PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if ony, which gove inse to immediate couse (o), stating the underlying couse (c) (c)	Fa	(o), (b), ond (c).) tty alteration	of Liver			ON	ERVAL BETWEE SET AND DEATH	H
ate, writing e forworded be used as q emovol, and	ATION	PART II. OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING	TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE COI	NDITION GIVEN IN PART	1(0)		WAS AUTOPSY PERFORMED? ES NO	
ertificational be series.	L CERTIFICATION	2Do. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	20b. DE	ESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in	Part I or Part II of item	1 18.)			
te the countile of the code 3 sleemation	MEDICAL	2Dc. TIME OF INJURY Month, Doy, Year Hour a.m. p.m.	2Dd 1 While at wor	Not While fact	CE OF INJURY (Home, form ory, street, office bldg., etc.)		fown)	(County)	(State	9)
ory, please execut herol director. Pag be retained far y RAL DIRECTOR: Pr prior to buriol, cr		21. I certify that I taak charge death resulted fram: Natural SIGNATURE EXAMINER'S Werner U. ST		, Accident , Suic	ide, Hamicide CHIEF MEDICALM.D. ASSISTANT MED DEPUTY MEDICA	, Undetermi	Inquiry [ined manne		l in my opii 22. date sigi 19/67	
necessory, the funero S may be S may be LINERAL Health price.		BURIAL, CREMATION, 23b. DATE THERE SEMOVAL (Specify) 5 / 2 /	/	23c. NAME OF CEMETERY OR WESTERN ADDRESS	CHAPEL	23d. LOCATION (C PURAL) BY REGISTRAR		(County	, MD	



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

06502 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

DEADO

TOK STATE		00000	EDICAL EXAMINER 3	CERTIFICATE OF DEATH	110443
HEALTH DEPA.		1. PLACE OF DEATH			lived, if institution: Residence before odmission)
1 A 6 6 5 5		o. COUNTY CARROLL	MARYLAND	o. SIATE Maryland	b. COUNTY Carroll
7 mg	-	b. CITY OR TOWN (If outside corporate limits,	c. LENGTH OF STAY IN 16		limits, write RURAL and give nearest town)
J. 3.		write RURAL and give neorest town)	di Eliotti oi sini ii io		mins, with notific one give needs, term,
PA PA	-	WESTMINISTER		Westminister	e. IS RESIDENCE
De De T	-0	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospit	tol, give street oddress)	d. STREET ADDRESS	ON_A_FARM?
form form	10	SUNNY VALLEY FARM		R.D. #5	YES X NO
death. If any of Pages 1, 2, a with form PM		3. NAME OF First DECEASED	Middle	Lost 4. DATE OF	Month Doy Year
Gier de		(Type or print) ELMER	L.	DUNCAN DEATH	5 8 1967
		S. SEX 6. COLOR OR RACE 7. MARR	IED XX NEVER MARRIED		GE (In yeors IF UNDER 1 YEAR IF UNDER 24 HRS. ost birthdoy) Months Doys Hours Min.
2 w 2 w 1th.		Male White WIDOW			ost birthdoy) Months Doys Hours Min.
hin 24 hours ncil in Item 18 niner's Office o pages 1 and 2 v urs after death		10o, USUAL OCCUPATION (Give kind of work done 10l	b. KIND OF BUSINESS OR	11. BIRTHPLACE (Stote or foreign count	try) 12. CITIZEN OF WHAT
4 h		during most of working life, even if retired)	odd Seed	Maryland	COUNTRY?
n 24 il in ier's ges affe	- Inc	13. FATHER'S NAME	o cica so o ca	14. MOTHER'S MAIDEN NAME	
within pencil xamine ile pag haurs		Robert W. Du	ncan	Lillie Inger	5011
- 10 11	-			NFORMANT	Address
0 .=				rs. Loretta Dun	
executed and in Medical Experient. Fi		yes W.W. 11 4	17-10-1307 1	is. Boretta Dur	
pe execute pending" ief Medical nsit permit.		 CAUSE OF DEATH (Enter only one couse per line PART I. DEATH WAS CAUSED BY: 	1 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		INTERVAL BETWEEN ONSET AND DEATH
7 - 2 0		IMMEDIATE CAUSE (o)	Shotgun wound of	face and neck	ONSET AND DEATH
ward ward the Ch		DUE TO			
should e ward the C urrial-tr		Conditions, if ony, which gove) (b)			
the state of the in		rise to immediate couse (o), stating the underlying couse DUE TO			
ficate ing t rded as a ond i		last. (c)			
		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	NG TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN I	N PART I(o) 19. WAS AUTOPSY PERFORMED?
This certi cate, wrii se farwo be used removal,	1				YES X NO
The de de		20a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH	DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in Port I or Port II	of item 1B.)
교투의 등등			hot when he went	to investigate ca	r parked above house
EXAMINER: ute the cert ige 4 should your files. Page 3 shou			A INTERV OCCUPATION TO DIA		City or town) (County) (Stote)
XAMI te the ye 4 s your your		6:15 Hour o.m. 5 8 1967 W	/hile Not While work of work	ory, street, office bldg., etc.) Farm Home West	minister Carroll Md.
yo yo Page		0 · 13 24 m. 3 0 1/0 / 10			
Xec yes	92	21. I certify that I took charge of the			, Inquiry , ond in my opinion
ouri de ta e		death resulted from: Natural causes	, Accident , Suic	ide , Homicide X, Unde	etermined monner
MkEr please direct retoine DIREC		ACTUAL AUSTRALIS	-1/ _	CHIEF MEDICAL EXAMINER	22. DATE SIGNED
	-	SIGNATURE VOLUMENT	^(M.D. ASSISTANT MEDICAL EXAMINER	22. DATE STORED
EPUTY I SSSary, p funeral ay be re JNERAL I Ith prior		EXAMINER'S		DEPUTY MEDICAL EXAMINER	5-9-67
DEPUTY percessary,	7 -	NAME (Type) WERNER U. SPI		Address (Street, city, town, or	county)
necessa the fun 5 may 0 FUNE Heolth		230. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR		TION (City or Town) (County) (Stote)
	OL	DOUTHP 3-11-1301		Carr	oll Co., Maryland
VR ATSME (5)	1	24. FUNERAL DIRECTOR C. N. Valtz Box 241, Sy	kesville, Md. 2	2Sq. REC'D BY REGISTRAR	67 25b, REGISTRAR'S SIGNATURE
6M 1/67)	O.H. Waltz Dox 241, by	KesATTTE, Ld. 5	1784 DATE AY 11 19	01

00:00 - Sing of survey

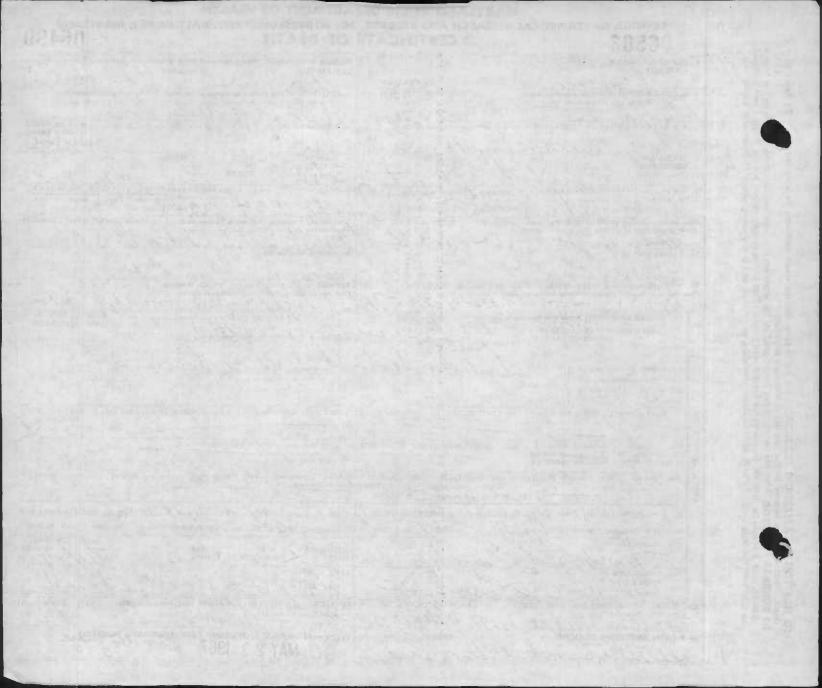
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VR A15 (4) 15M 7-62.

DWI AND CTATE DEPARTMENT OF HEALTH

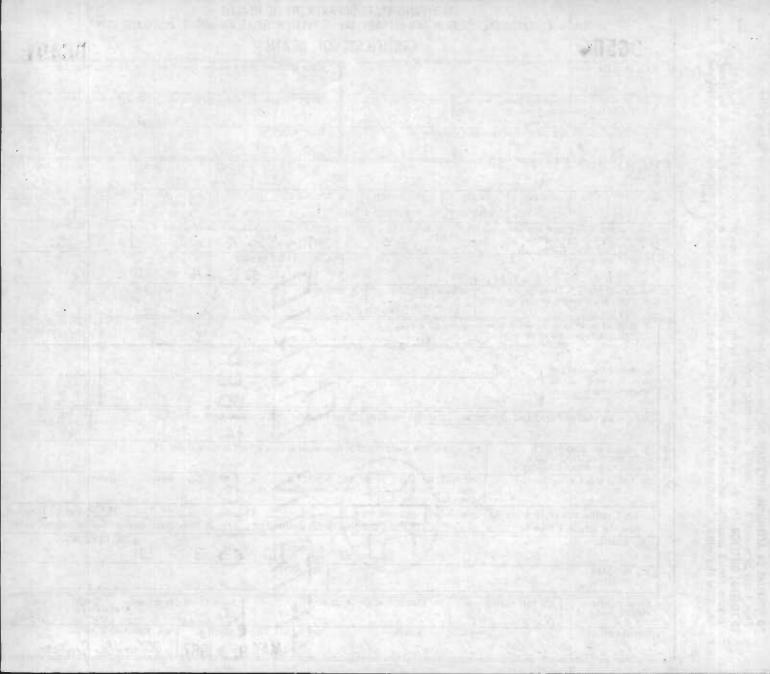
MARYL	AND STATE DEPARTMENT OF	DEALID
DIVISION OF STATISTICAL RESEARCE	CH AND RECORDS, 301 W. PRESTON	STREET, BALTIMORE 1, MARYLAND
	CERTIFICATE OF DEATH	

	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission)
1	e. COUNTY MARYLAND	8. STATE OF A B. COUNTY
1	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	c. CTTY OR TOWN (II outside corporete limits, write RURAL and give nearest town)
	A prite RURAL and give hearest town)	(1) (2:1)
1	Marcheslu 19 Days	d. STREET ADDRESS
	a. NAME OF HOSPITAL OR INSTITUTION (il not in hospital, give street eddress)	ON A FARM?
-1	My dew husing some	YES NO [
	3. NAME/OF DECEASED First Aiddle	Last A. DATE Month Day Yeer
	(Type or print) Exerchetty to well,	Cualar DEATH May 19 1967
	5. SEX 6. COLOR OF RACE 7. MARRIED NEVER MARRIED 8	9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
- }	Jessel (W o. WIDOWED DIVORCED DIV	truly 11 198 # (last birthday) Months Days Hours Min.
	100. USUAL OCCUPATION (Give kind of work 100L MIND OF BUSINESS OR INDUSTR	RY 11. BIRTHPLACE (County & State, or Greign country) 12. CITIZEN OF WHAT COUNTRY?
	done doning most of working life, even if retired)	mull a had the
d	T3. KATHER'S NAME	14. MOTHER'S MAIDEN NAME
	TO E el	-701 (Pl. 1/2
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17, 1	INFORMANT Address
	(Yes, no, or unkown) (Ilyes give war or dates of service)	1 57 / O D / 3 /
	(m) - 220-34-1995	hanh inglas anon surge he
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b) end/(c).]	INTÉRYAL BÉTWEEN ONSET AND DEATH
	PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	hyreaddes
	DUE TO	
	Conditions, if eny, which \ (b) / interes aleste	ce Carlo fosculo descart
	geve rise to immediate cause	
	(e), steling the underlying couse last.	
		OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY
2	OIL	PERFORMED? YES NO
	200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED). (Enter nature of injury in Part I or Part II of item 18.)
	200. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH 1 CAUSE O	
		ACE OF INJURY (Home, ferm, ' 20f. (City or town) (County) (State)
	Hour e.m. While Not While	tory, street, office bldg., etc.)
		(a) 19 1, to leg 19 1, that (1) (we) last
	saw the deceased alive on	death occurred at 6 P.M. from the kauses and on the date stated above.
Н	228. SIGNATURE	ATTENDING MED. STAFF
	peplat each "	A.D. PHYS. DIRECTOR PHYS. 19/67.
	22c. PHYSICIAN'S	22d. ADDRESS
1	NXME STYPEREST C. Dysh MCD	HAMPSTEAD / Juny/2000
	ADD BORING, CREMITION, ADD. DITTE THERES.	OR CREMATORY 23d. LOCATION (City, town or county) (State)
	BURIAL MAY 22-1967 PIPE C	REEK CARROLL CO MD
	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS .	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	10 R Harteler & Sonn Union Bridge	e Md MAY 2 3 1967 formers
	TO VI TOUR OF THE PROPERTY	



MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	[22]		06504	CERTIFICA	TE OF DEATH		06401
death	l ond		PLACE OF DEATH		2. USUAL RESIDENCE (V	Where deceosed lived, if institution b. COU	tion: Residence before odmission)
er o	5		Carroll	MARYLAND	Mary	huely	Carroll
after	the fooges		 CITY OR TOWN (If outside corporate write RURAL and give nearest town 		c. CITY OR TOWN (If ou	tside corporote limits, write RU	(RAL ond give neorest town)
aurs	by Person		WRSTMASTE	2 dAYS	NEW W	indsor. M	d O G
24 h	filled in by the papers. Pog hin 72 hours		3 6	(If not in haspital, give street address) General Hospital	d. STREET ADDRESS	AIN ST	e. IS RESIDENCE ON A FARM?
in	pape thin 72	3.	VAME OF	First Middle	Lost	4. DATE Mon	YES NO S
executed within 24 haurs	rbon with		DECEASED Type or print)	Tilsi middle	Inaliala	OF DEATH	7 1967
ted	ve carl	S.		E 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
хесп	300		M White	WIDOWED DIVORCED	June 5,1	1890 last birthdoy) 18 yrs.	Months Doys Hours Min.
pe e			USUAL OCCUPATION (Give kind of work	IMDUSTRY		& State, ar fareign country)	12. CITIZEN OF WHAT COUNTRY?
te	cian ease and	10	ng most of working life, even if retired)	OR. FARMIG	MARY		454
Hifico	physician on please loval, and i	13.	FATHER'S NAME	, , , ,	14. MOTHER'S MAIDEN N		
cer	Jing physician Then please removal, and	16	155AC EI	CES? 16. SOCIAL SECURITY NO. 1	7. INFORMANT	Addr	and the same of th
eath	attending permit. The ion, or remo	(Ye	WAS DECEASED EVER IN U.S. ARMED FOR s, no, or unknown) (If yes give war or d		m - / M	1 000	. 1
e d	attendir permit. ion, or re	H	18. CAUSE OF DEATH (Enter only on		1775. ALE 11/14	RIE HOUTT I	I INTERVAL BETWEEN
=======================================	the mat		PART I. DEATH WAS CAUSED BY	Constinal	vascular	acces out	ONSET AND DEATH
the in	by tron cre		331 IMMEDIATE C	DUE TO			
quires the	signed burial-tr burial, c		Conditions, if ony, which gove	(b)			
requ	s sic by a by a by		rise to immediate couse (o), { stating the underlying couse {	DUE TO			
law	beel s th		last.	(c)			Tao was suropsy
PHYSICIAN: The law requires that the death certificate e hospital or attending obysician.	ficate has been far use as the lift Health prior take	NO	PART II. OTHER SIGNIFICANT CONDITION	ONS CONTRIBUTING TO DEATH BUT NOT RELATED	TO THE TERMINAL DISEASE CON	IDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED?
	ficate far us Healt	MEDICAL CERTIFICATION	20o. ACCIDENT WAS UNDERLYING	20b. DESCRIBE HOW INJURY OCCURR	FD (Enter noture of injury in	Part Lor Part II of item 18 \	YES NO
PHYSICIAI	certific thed fo pt. af H	CERTI	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	200. DESCRIBE HOW MOUNT OCCUR.	ED. (Eller holdre of injury in	TOTAL OF TOTAL OF HOLE TO.,	
HYS	his cel etoche Dept.	CAL	2Dc. TIME OF INJURY Month, Doy, Yo		PLACE OF INJURY (Home, form		(County) (Stote)
	detock te Dep	MED	Hour o.m. p.m.	19 While Not While of work	foctory, street, office bldg., etc.)		
ATTENDING etained by th	After this I be detoc			hospital) attended the deceased fram	5/1,1	1967 to 5/2	, 19 <u>6</u> Z, that (I) (we) las
TEN	ECTOR: A 3 should with the		saw the deceased alive a	in5/2 19.67, and	that death accurred at	M, fram causes	and an the date stated above
AI	DIRECTOR: ge 3 should led with the		220 SIGNATURE	26	ATTENDING	MED. STAFF	22b. DATE SIGNED
pe a	De ge		22c. PHYSICIAN'S	y. recous of	M.D. PHYS. 22d. ADDRESS	DIRECTOR LJ PHYS. L	7 2/9/6/
ITA	RAL pe pe	/	NAME (Type)	0			
O HOSPITAL OR ATTEND	O FUNERAL DIRE	230		TE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City or To	
O H	director, pa	E	REMOVAL (Specify) MAY	15 1967 Foreston	BAPTIST	PARKTON	Carport 11d
_	-	24	FUNERAL DIRECTOR	ADDRESS	,		REGISTRAR'S SIGNATURE
	VR A15 (4) 20 M 1/66	1	CONTIN LINES	1 HAMPSTOON 1/10	DMAY	9 1967 80	Marley Judge



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remaye carban practs. Pages 1 and 2 should be filed with the State Dept. of Health prior ta burial, crematian, ar remayal, and in any event, within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after

Page 4 may be retained by the haspital ar attending physician.

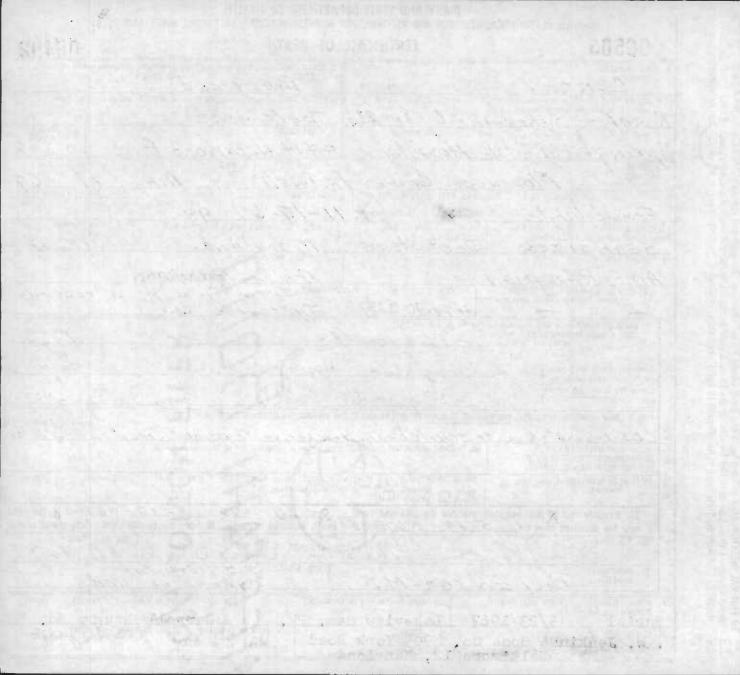
VR A15 (4) 20 M 1/66

OCE TO

CERTIFICATE OF DEATH

OO & CO

		00000	IL OI DENIII	110446			
		PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence	e before admission)			
	C	O. COUNTY CARROLL MARYLAND	o. STATE MARY LAND b. COUNTY	O. STATE MAPY LAND b. COUNTY			
	Ŀ	b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give	neorest town)			
	R	write RURAL and give nearest town)	& BAltimore	and-			
		d. NAME OF HOSPITAL OR INSTRUTION (If not in hospital, give street address)	d. STREET ADDRESS	e IS RESIDENCE			
1	5	prinoticld State Hospital	4414 Workwood Ave.	ON A FARM?			
ñ	37	NAME OF First Middle	Lost 4. DATE Month	Doy Year			
		DECEASED (Type or print) Florence Cockey	FRETWELL DEATH MAY	19 19 67			
	5. 5		B. DATE OF BIRTH 9. AGE (In years IF UNDER)	YEAR IF UNDER 24 HRS.			
		Frenche With the WIDOWED DIVORCED	11-17-67 gg yrs. Months	Ooys Hours Min.			
		USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR	11. BIRTING & E (County & Stote, or foreign country) 12. CITI	ZEN OF WHAT			
	durii	ing most of working life, even it retired) SEAM JIRESS DEDT, Store	Maryland.	WIRY?			
	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
		AMOSTARRYMAN	ANNE HOWARD				
	15.	WAS DECEASED FOR IN ILS ARMED EDDCESS 16 SOCIAL SECURITY NO	17. INFORMANT Springfield Affacts	records			
	{ Y e:	s, no, or unknown) (If yes give wor or dotes of service) 474-16-5259	Jykesville, Md.				
		18. CAUSE OF DEATH (Enter only one couse per line for (g), (b), and (c).)	~ /	INTERVAL BETWEEN			
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0)	ONSET ANO OEATH				
		1/					
	(b) Conditions, if ony, which gave rise to immediate couse (a),						
		stoting the underlying cause DUE TO	1- 11- an a on - 2 1	1/05			
		lost. (c) Colorus Schrol	u fout threuse thom Jam	Hr 10212			
	×	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED	TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED?			
2	STE		disease with psychotic reaction	YES NO 🔀			
	CERTIFICATION	20g. ACCIDENT WAS UNDERLYING ☐ 20b. DESCRIBE HOW INJURY OCCURR OR CONTRIBUTING ☐ CAUSE OF DEATH	ED. (Enter nature of injury in Part or Part II of item 18.)				
	1 1	(IF EITHER, NOTIFY MEDICAL EXAMINER)					
	MEDICAL		PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.)	nty) (Stote)			
	W	p.m. 19 ot work ot work					
		21. I certify that (this haspital) attended the deceased fram		that (m) (we) last			
		saw the deceased alive an 3-19-19 67 and	that death accurred at	TE SIGNED /			
		- 220. SIGNATURE	M.D. PHYS. DIRECTOR PHYS.	119/12			
		22c PHYSICIAN'S	22d. ADDRESS 5.3. Hospital	1.16			
1		NAME (Type) PAULENSOR-MD	27Kesuille, Me	d.			
	230.	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City or Town)	(County) (Stote)			
2	F	REMOVAL (Specify) 5/23/1967 Lakeview	Mem. Pk. B. Carroll Coun	tv Md.			
		FUNCES DIPECTOR , ADDRESS	2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SI	SNATURE			
	LI.	W. Jenkins& Sons Co. 4905 York Baltimore 12. Maryla	DATE	a Comment			
		7 JOSE VILLOUS AND FRANKLY LO	ALC TO				



FOR STATE		06506 MEDICAL EXAMINER'S CI		05493
ALTH DEPT.	-	o. COUNTY Carroll MARYLAND	2. USUAL RESIDENCE (Where deceosed lived, if institution: Resider o. STATE Md b. COUNTY	ce before odmission) Carroll
m PM3. Page Deportment of		write, RURAL ond give negrest town) Westminster	c. CITY DR TDWN (If outside corporete limits, write RURAL and give Westminster	e neorest town):
on the far is		d. NAME DF HOSPITAL DR INSTITUTION (If not in hospital, give street address) $R_{\bullet}T_{\bullet}$ 3	d. STREET ADDRESS R.T. 3	e IS RESIDENCE , ON A FARM? YES ND 36
8. Give Pa alang with with the St			Lost A. DATE Month OF DEATH DATE DF BIRTH OV. 18, 1907 A. DATE Month OF DEATH 9. AGE (In yeors IF UNDER Months) Yrs.	Doy Year 14 19 6-7 1 YEAR IF UNDER 24 HRS. Doys Hours Min.
er's Office ges land2 any event	dur	b. USUAL DCCUPATION (Give kind of work done ring most of working life, even if retired) Huckster Business DR INDUSTRY Egg Route	11. BIRTHPLACE (Stole or foreign country) Carroll Co. Md.	TIZEN DE WHAT UNTRY?
Examin Examin File poo		Adam Giggard	4. MDTHER'S MAIDEN NAME Lizzie Mathias ORMANT Address	
ef Medical isit permit.	(Ye	WAS DECEASED EVER IN U.S. ARMED FDRCES? es, no, or unknown) (If yes give wor or dotes of service) 16. SDCIAL SECURITY ND. 17. INFO	Mrs. Ruth Giggard Westmins	ster, Md.
he ward to the Chi		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TD Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost. (c)	Thromposis (acute)	INTERVAL BETWEEN DAISET AND TEATH
be used as o	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE	TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
ould by s.		PRIMARY □ or CONTRIBUTING □ CAUSE OF DEATH.	ter noture of injury in Port I or Port II of item 18.)	
e the e 4 s our f our f oger	MEDICAL		OF INJURY (Home, form, , street, office bldg., etc.)	unty) (Stote)
ecessory, please executive to tuneral director. Page may be retained far you won be retained far you will be to the funeral director. Page that are its designated		ACTUAL (1) P. P. C. May 1. C.	an Autapsy, Inspection, Inquiry, Homicide, Undetermined manner CHIEF MEDICAL EXAMINER M.D. ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER Address(Streen, by John, or county)	ond in my apiniai
necessory, the funerol 5 moy be 70 FUNERAL Health ar i	230	Burial, (REMATION, REMOVAL (Specify) 5/17/67 23c. NAME OF CEMETERY DR CRE Snydersburg C	MATDRY 23d. LOCATION (City or Town)	(County) (Stote) oll Co. Md.
VR A15ME (5) 6M 1/66		s funeral DIRECTOR ADDRESS Tipton - Eline Funeral Home Hampstead, Md	250. REC'D BY REGISTRAR 25b. REGISTRAR'S S DMAY 17 1967 LClarle	

215-07-4821 AMERICAN DESIGNATION OF THE STREET MARYLAND STATE DEPARIMENT OF REALITY

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

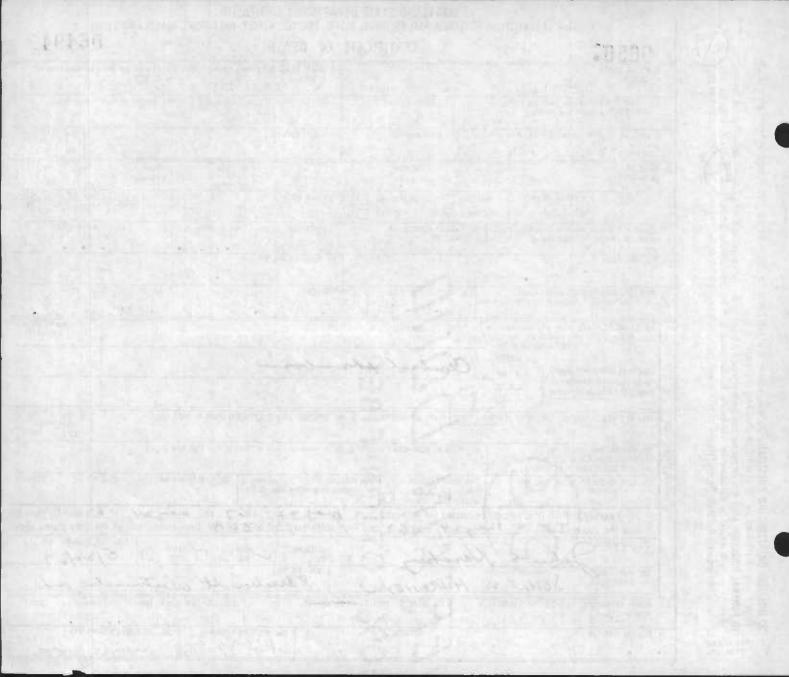
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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after deoth.

Page 4 may be retained by the hospital or attending physician.

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	PLACE OF DEATH					2. USUAL RESIDENCE (fore admission)
	o. COUNTY	Carroll		MARYLAND		o. STATE Maryland b. COUNTY arroll				
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	write RURAL and give nearest town) Westninster 2 days					Woodh	ine		day	
		AL OR INSTITUTION (If no	nt in haspital, g	ive street address)		d. STREET ADDRESS				e. IS RESIDENCE ON A FARM?
0	arroll	County Ge	eneral	Mosnital						YES NO
	NAME OF DECEASED	Fir	rst	Middle		Last	4. DATE OF	Mont	h D	ay Year
	Type or print)	C(DRA	V.	GC	SNELL	DEATH	ı Maj	V)	1907
S.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED		B. DATE OF BIRTH		9. AGE (In years	IF UNDER 1 YEAR	
F	'emale	White	WIDOWED	DIVORCED		lugust 26,	1889	last birthday) yrs.	Manths Day	
	USUAL OCCUPATION	(Give kind of work done		ND OF BUSINESS OR DUSTRY		11. BIRTHPLACE (County	& State, or f	oreign country)	12. CITIZEN	
	ousevi.			203117		Carroll	Co . ,	Md.	U.S	
13.	FATHER'S NAME			All Control		14. MOTHER'S MAIDEN I	NAME			
	1.15	ilton T. I	Long		-70	Emm	a F.	?		
		R IN U.S. ARMED FORCES?		OCIAL SECURITY NO.	17. 1	NFORMANT		Addre	ss Route	3
(Ye	s, na, ar unknawn)	(If yes give war ar dates a	service)	0-16-0713	A 1	ir. Guv E.	Gri			e. Md.
	18. CAUSE OF D	EATH (Enter only one cau								NTERVAL BETWEEN
		TH WAS CAUSED BY:	11.16	(-), (-), (-),						ONSET AND DEATH
	3321	IMMEDIATE CAUSE								
	Canditions, if any, which gave) (b) Cerebral fhrombosn									
	rise to immediat	e couse (a), ((10)							
	stating the underlying cause (c)									
	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY									
TION	PERFORMED?									
FICA	2Da. ACCIDENT WA	S LINDERLYING [7]	205 DE	CRIBE HOW INILIRY OCCI	IRRED I	Enter noture of injury in	Port Lor Po	art II of item 18.)	1	713 [] 110 [
CERTIFICATION	OR CONTRIBUTING	CAUSE OF DEATH MEDICAL EXAMINER)	205. 01.	SCRIBE 11011 1130K1 OCC	OKKED.	cinor notoro or injury ar	1017 101 10	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
		JRY Month, Day, Year	20d IN	JURY OCCURRED 2	De PLAC	E OF INJURY (Hame, form	n. 1 20f.	(City or town)	(County)	(Stote)
MEDICAL	Hour o.		While at work	Nat While		ory, street, office bldg., etc.)		(40)		(
	21. I certify that (1) (this hospital) attended the deceosed from may 22, 1967, to man 24, 1967 that (1) (we) last									
	saw the deceased alive on May 24, 1962, and that death occurred at 3.20 AM, from couses and on the date stated above.									
	22b. DATE SIGNATURE									
		John S.	Har	shen_	M.E		MED. DIRECTOR	STAFF PHYS.	3/2	4/67
	22c. PHYSICIAN NAME (Type		s. H	ARSHEY		22d. ADDRESS	in s	t. west	minster	and.
230	. BURIAL, CREMATIC		REOF	23c. NAME OF CEMETE	RY OR	-REMATORY	23d. L	OCATION (City or Tox	wn) (Cou	ity) (State)
	REMOVAL (Specify	1 5/27/	1967	lorgen (77 3	nel	(arroll	Co 15	d.
24	. FUNERAL DIRECTO			ADDRESS			D BY REGIST		GISTRAR'S SIGNA	TURE
C	M. Wai	ltz Box 2	41 Sv]	esville,	Md	. DATMA	Y 29	1967 20	Tionles	Question.



MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		DIVISION OF STATISTICAL RESEARCH AND RECORDS, SOT W. FRESTON STREET, DALITHORE, MARTEAND 21201
M)		06508 CERTIFICATE OF DEATH 06495
l ond er deat		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE MARYLAND 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) b. COUNTY CARROLD MARYLAND
Poges ours aft	1	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) WESTMINSTER NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) G. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) SYMES VILLE G. IS RESIDENCE
papers. in 72 h	C	GRROLL COUNTY GENERAL HOSPITAL 152 CARTER ROAD YES NO
buriol, cremation, ar removal, and in any event, with		IAME OF First Middle Lost 4. DATE Month Day Year FECEASED OF DEATH 5 1967 FX 16 COLOR DE PARE 7 MARPIED NEVER MARPIED 18 DATE OF RIPTH 19 AGE (In years IF UNDER 24 HRS.)
remove carb	5.	PALE WHITE WIDOWED DIVORCED MAY 17 1920 46 Yrs. Months Days Haurs Min.
priystrion und en please rem oval, and in an	dur	USUAL OCCUPATION (Give kind of work dane ag most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY A. BELFAST NoRTHERY TREATY 2. A. S. A.
Then pl moval,		TAMES D. GREENFIELD CATHERINE A. ADAIR
permit. I		WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 17. INFORMANT 18. SOCIAL SECURITY NO. 19. INFORMANT 19. INFORMAN
by the o ransit pe cremation		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CARDIAC RREST INTERVAL BETWEEN ONSET AND DEATH AND DEATH
signed by buriol-tra buriol, cre		Canditions, if any, which gave) DUE TO Canditions, if any, which gave) DUE TO ACUTE MUDICARDIAL INFARCTION 10 HES
been signification of the properties of the prop		rise to immediate cause (a), stoting the underlying cause last. DUE TO (c) ARTERIO SCLEROTIC HEBRT DISEASE VRS.
has se a: h pr	ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES \[\] NO \[\blue{L} \]
errincare ied far us t. of Healt	CERTIFICATION	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CITY (IF EITHER, NOTIFY MEDICAL EXAMINER) OR CONTRIBUTING CITY OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
AL DIRECTOR: After his certif page 3 should be detoched if led with the State Dept. of	MEDICAL	20c. TIME OF INJURY Manth, Day, Year Haur a.m. p.m. 19 20d. INJURY OCCURRED While at work at
R: Afte old be the Sto		21. I certify that (1) (this haspital) attended the deceased fram 5/12, 1967 ta , 19 , that (1) (we) la saw the deceased alive an 5/12 1967, and that death accurred at 3 M, fram causes and an the date stated above
DIRECTO		220. SIGNATURE ATTENDING MED. STAFF STAF
r, poge		MAME (Type) VINCENT J. FIO SOO, Jr. WESTMINSTER, Md.
directar, p	230	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) 5-15-67 Spring Fell Casfee May 1
R A15 (4) 0 M 1/66	24	PUNERAL DIRECTOR ADDRESS ADDRESS DATE AV 1. 6 1967 Consular Signature ADDRESS DATE AV 1. 6 1967 Consular Signature

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital or attending physician.

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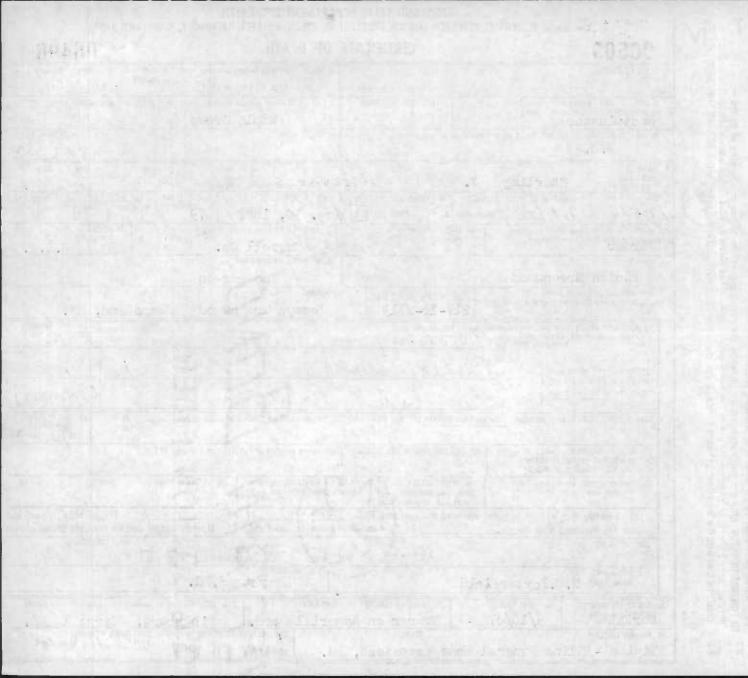
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06500 CERTIFICATE OF DEATH

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ECTOR: After this certificate hos been signed by the attending physicion and completely tilled in by the funeral	shauld be detached for use as the burial-transit permit. Then please reprove taxbon papers. Pages 1 and 2	with the State Dept. of Heolth prior to burial, cremotion, ar removol, ond in any event, within 72 hours after death	
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24 haurs after deoth.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within Page 4 may be retained by the hospital ar attending physician. director, poge 3 should be filed w TO FUNERAL DIR

1		06509		CERTIFICAT	E OF DEATH		06496		
		PLACE OF DEATH O. COUNTY	reo11	MARYLAND	2. USUAL RESIDENCE (Where deceosed liyed, if institution: Residence before admission) o. STATE MARY AND b. COUNTY CARROLL				
	k	b. CITY OR TOWN (If outside corpo write RURAL and give nearest Westminster		c. LENGTH OF STAY IN 16	c. CITY OR TOWN (III	RAL and give nearest town)			
0	C	R.D. 3	TON (If not in hospi	itol, give street oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO		
	- 1	NAME OF DECEASED (Type or print)	First rling J	Middle GR	EENWOOd	4. DATE Mont OF DEATH	- 17		
)	5. 5	nale 18h,	RACE 7. MARK		8. DATE OF BIRTH Aug. 30, 1		IF UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min.		
		USUAL OCCUPATION (Give kind of vine most of working life, even if retine r		Db. KIND OF BUSINESS OR INDUSTRY		nty & Stote, or foreign country)	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
	13.	FATHER'S NAME Isaiah Green	wood		14. MOTHER'S MAID	n name la Horton			
	IS. (Ye:	WAS DECEASED EVER IN U.S. ARMED s, po or unknown) (If yes give wor) FORCES? r or dotes of service)	16. SOCIAL SECURITY NO. 17. 217-16-2713	Joseph G	Addre reenwood Hamp	ostead, Md.		
		18. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSED IMMEDIA		e for (o), (b), and (c).)	Thront	no	INTERVAL BETWEEN ONSET AND DEATH		
		Conditions, if ony, which gove rise to immediate couse (a),							
		stoting the underlying couse lost.	DUE TO (c)	Dealetts	meil	itus	Cupundul		
9	ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPS PERFORMED YES \(\sigma \) NO							
	MEDICAL CERTIFICATION	200. ACCIDENT WAS UNDERLYING DOR CONTRIBUTING ☐ CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAM	EATH	b. DESCRIBE HOW INJURY OCCURRED). (Enter noture of injury	in Port I or Port II of item 18.)			
	20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. p.m. 19 20d. INJURY OCCURRED While Not While of work of								
		saw the deceased aliv		ttended the deceased fram_ 1947, and th	at death occurred	, 19 47, ta 5 - 7 at 82 30 M, from causes	ond on the date stoted obove		
		220. SIGNATURE MED. STAFF 22b. DATE SIGNED PHYS. DIRECTOR D PHYS. D 22b. DATE SIGNED 5-8-67							
1	22c. PHYSICIAN'S NAME (Type) M. C. Porterfield 22d. ADDRESS Hampstead, Md.								
0		BEMOYAL (Specify)	DATE THEREOF	23c. NAME OF CEMETERY O	emorial Gar		. Carroll Md.		
		FUNERAL DIRECTOR Tipton - Eline	Funeral	Home Hampstead,		1111	Clientes Judge		



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

06510 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 1. PLACE OF DEATH o. COUNTY b. COUNTY r filled in by the fund in popers. Pages 1 c of thin 72 hours after d Carpoll Carroll Maryland MARYLAND b. CITY OR TOWN (If autside carporote limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) New Windsor lh days Svkesville e. IS RESIDENCE ON A FARM? d STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (II not in hospital, give street oddress) Rt. #1 Springfield State Hospital YES NO X and completely file remove carbon print in any event, with 3. NAME OF Middle Lost 4 DATE Month Year DECEASED OF (NMN) HAYES TDA MAY 19 67 event, DEATH (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS. S SEX 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH AGE (In years NEVER MARRIED Igst birthdoy) Months Days Hours White Female 12-04-24 WIDOWED DIVORCED physician and c nen pleose remo noval, and in ally 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT 10o, USUAL OCCUPATION (Give kind of work done COUNTRY? during most of working life, even if retired) INDUSTRY Maryland Housewife U.S.A 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME cremation, or removal, offending phy permit. Then Anna Shulman Michael Vogel 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service) Records, Springfield State Hospital 219-16-7961 No INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY:

Malignant the signed by the burial-tronsit burial, cremati ONSET AND DEATH Malignant Lymphoma IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse as the has been lost. 19. WAS AUTOPS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) PERFORMED? for use CERTIFICATION YES X NO certificate 20b, DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED foctory, street, office bldg., etc.) Hour o.m. Not While at work ot work TO FUNERAL DIRECTOR: After 19____, that (1) (we) last 21. I certify that (I) (this haspital) attended the deceased fram, director, page 3 should should be filed with the saw the deceased alive on 5-1-67 __, and that death accurred at M, fram causes and an the date stated above. 19 SIGNATURE 22b. DATE SIGNED ATTENDING 5-3-67 DIRECTOR 22d. ADDRESS Springfield State Hospital 22c. PHYSICIAN'S Antonius Glahn, M& NAME (Type) Sykosville, Maryland 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b DATE THEREOF (Stote) 23o. BURIAL CREMATION (County) Baltimore. Md. Mt. Carmel Cemtery 259 REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Bruzdzinski 1407 Eastern Ave. 21

1967

O HOSPITAL OR ATTEND Poge 4 may be retained 20 M 1/66

within 24 hours after

the deoth certificate be executed

that

physician.

by the hospital ar ottending

ATTENDING PHYSICIAN: The low

Siver 5/5/87 No. Carrel Carrely Ballitsons, M. TOP A TANK A TAN

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		06511	lter	ns # (CERTIFIC		OF DEATH		(797	9		
1		PLACE OF DEATH			***************************************		2. USUAL RESIDENCE (Where deceas			before	odmissio	n)
	0	o. COUNTY	Carroll		MARYLA	ND	o. STATE Mar	vland	b. COU	(IY			1
	b	o. CITY OR TOWN (I	If outside corporate limit	S,	c. LENGTH OF STAY IN		c. CITY OR TOWN (If ou	0	te limits, write RUI	RAL ond give	id give nearest town)		
	Ru	write RURAL one	give negrest town)		19 days		Baltimore				3014		
2			AL OR INSTITUTION (If n	ot in hospito	ol, give street oddress)		d. STREET ADDRESS			2111	e. IS RESIDENCE ON A FARM?		
	S	Springfie	ld State H	ospit	al		2132 Drui	L Avenue				NO X	
-		NAME OF	Fi	rst	Middle		Last	h	Day	Yeo)r		
1		Type or print)	Mar	ie	~J~.		Houck	Houck OF DEATH 5					57
	5. 5		6. COLOR OR RACE	7. MARRI	ED -NEVER MARRIED	В	DATE OF BIRTH	9	AGE (In yeors	IF UNDER 1		F UNDER	
	f	Cemale	Negro	WIDOW	ED XX UNUKCLU		2/14/78	89	lost birthdoy)	Months	Days	Hours	Min.
			(Give kind of work done	10b	KIND OF BUSINESS OR		11. BIRTHPLACE (County	& Stote, or fo	reign country)		ZEN OF V	VHAT	
	durir	ng most of working Housewif	life, even if refired)		Home		San Anto	onio.	Texas	(00		USA	
		FATHER'S NAME					14. MOTHER'S MAIDEN						
		Common	S./J/1/6	Jone	S		Katia	e "Saun	ders				
		WAS DECEASED EVE	R IN U.S. ARMED FORCES?		16. SOCIAL SECURITY NO.	17. II	FORMANT		Addre	ess			
	(Yes	s, no, or unknown)	(If yes give wor or dotes	of service)	216-54-6065	Spr	ingfield Ho	sni tal	records	s. Svk	esvi	11e.	Md.
н	-		EATH (Enter only one co		The same of the sa		21622024 110	opa oa		7 0 0 0 0		VAL BET	
			TH WAS CAUSED BY:	-	Bronchooneumo	nia						T AND D	EATH
-1		1810	IMMEDIATE CAUSE	1 /	SIEGHO ON BILLIO	ILLa					. 1/0	-	
		Conditions, if ony			Carcinoma of	the	urinary bla	adder			Mc	onth	S
		rise to immediat	e couse (a), (Jest Office Of	CLLO	or arrest y out					222 022	
		stating the under	rlying cause	(c)									
	-	PART II. OTHER SI	GNIFICANT CONDITIONS (ONTRIBUTIN	NG TO DEATH BUT NOT RELATE	ED TO T	HE TERMINAL DISEASE COI	NDITION GIVE	N IN PART 1(a)		19. V	VAS AUTO	PSY
/	NOL	Chronic	brain synd	rome.	associated wi	th	senile brai	n dise	ease with	n		ERFORM	NO 🗍
	FICA	20o. ACCIDENT WA	Sychotic r		DESCRIBE HOW INJURY OCCU	IRRED. (Enter noture of injury in	Part Lar Par	t II of item 1B.)				
	CERTIFICATION	OR CONTRIBUTING	CAUSE OF DEATH		. DESCRIBE HOW WASAN SEE	,,,,,,,,							
			MEDICAL EXAMINER) JRY Month, Doy, Year	20	d. INJURY OCCURRED 2	De PLAC	E OF INJURY (Home, forn	n. 20f.	(City or town)	(Coul	nty)	1	Stote)
	MEDICAL	Hour o.r	n.	W	hile Not While		ry, street, office bldg., etc.		(4.1)	,	17	,	,
		p.r			work L of work L	A 100	5/12/	1967_,1	g 5/31	1 , 196	7 tha	+ 644 /	wo) last
			eceased alive on		tended the deceased fr	d that	death accurred at						
		220. SIGNATURE	7	0						22b. DA	TE SIGNED)	
			Kleman	(/),	Is wind	MMID	ATTENDING PHYS.	MED. DIRECTOR	PHYS.] 6	/1/6	7	
		22c. PHYSICIAN'S		1			22d. ADDRESS		gfield St			tal	
1		NAME (Type	Renato R	. Esp	ina, M. D.			Sykes	ville, Ma	rylan	d		
	230.	. BURIAL, CREMATIC	ON, 236. DATE TH	IEREOF	23c. NAME OF CEMETE	RY OR (REMATORY	23d. LO	CATION (City or To	wn) ((County)	(5	tote)
)		REMOVAL (Specify		7	West Libe	ntar	Cemeterv	Rut	ledre.			ЬM	
	24,	FUNERAL DIRECTO	0/	3035	ADDRESS	9	2So. REC'	D BY REGISTR		GISTRAR'S SIG	GNATURE	0	MALE
	1	Herner, r	B. Hanner		11 . 11 . 27 27		DATE J	UN 6	1967	yclian	les!	Juan	get .

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carbon, papers. Pages 1 and 2 should be filed with the State Dept. af Health prior ta burial, crematian, ar remaval, and in any every, within 72 haurs after death. **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 20 M 1/66

LOVIENVE man Lawrell The same same . He all the service and a service of the service o THE PROPERTY OF THE PARTY OF TH AL . CELLEY . RODRED

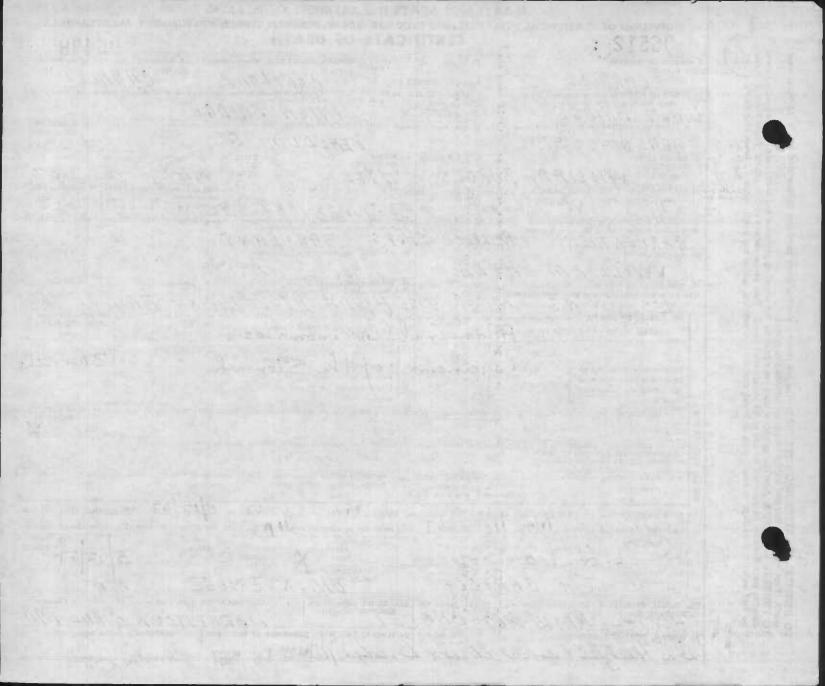
(4) A15 1SM 7-62

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 06512

OCADO

1. PLACE OF DEATH o. COUNTY .	2. USUAL RESIDENCE (Where deceased fived, If institution: Residence before edmission)
CARROLL MARYLAND	O. STATE MARY LAND B. COUNTY AARROLL
b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town)
UNION BRIDGE YEARS	UNION BRIDGE
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
BENEDUM ST.	BENEDUM STI
3. NAME OF First Middle DECEASED	Lest 4. DATE Month Dey Year
(Type or print) WILLIAM BURGESS H	DE DEATH MAY 12 1967
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS.
WIDOWED DIVORCED	TAN 23-1887 SA yrs. Months Deys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Y 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
CARPENTER RAILROAD SHOPS	MARYIAND USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
WILLIAM HYDE	ADDIE HARRIS
	NFORMANT Address
(Yes, no, or unkown) (Ifyesgive werordeles of service)	ILDA HYDE UNION BRIDGE MO
18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), end (c)	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
	THE MOMUNICALS
DUE TO	1 th Strand 3 Months
Conditions, if any, which gove rise to immediate cause	The Stomach 3 Months
(e), stating the underlying DUE TO	
Z PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(+): 19, WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	PERFORMED?
<u> </u>	YES NO X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	, (Enter nature of injury in Pert I or Part II of item 18.)
3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, ferm, 20f. (City or town) (County) (State)
20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PLA Hour e.m. While Not While fact p.m. 19 et work at work	ory, street, office bldg., etc.)
21. I certify that (I) (this hospital) attended the deceased from	Feb. 1967, to 5/12/67, 19, that (I) (we) last
	dealh occurred at M. from the causes and on the date stated above.
220. SIGNATORE	death occurred at 7 and the cases and on the date stated above.
	ATTENDING MED. STAFF
22e, PHYSICIAN'S	D. PHYS. DIRECTOR PHYS. 22d. ADDRESS
NAME MYDO) JH CARICOFE	UNION BRIDGE MD
2001 2011 101 101 101 101 101 101 101 10	OR CREMATORY 23d. LOCATION (City, town or county) (State)
BURIAL MAY 15-1967 CHAPEL	LIBERTYTONN' RUBBL MD
24 FUNERAL DIRECTOR'S, SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
1010 Harther & Sono Chrism Brian	Las Miller 10 1002 mil
- 10 11 vigas invice cuman is see	1 10 100 Holaster Judge



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 2DM 1/65

	DIVISION OF STATISTICAL RES	SEARCH AND RECORDS	6, 301 W. PRESTO	N STREET, BALTII	MORE 1, M	ARYLAND	
	06513	CERTIFICAT	E OF DEATH			DRA	QS
1.	PLACE OF DEATH		2. USUAL RESIDENCE	CE (Where deceased lived, I	f institution: Re	sidence before adm	ission
	a. COUNTY (DECA!)		a. STATE	nd b. c	OUNTY A	rrall	
-	b. CITY OR TOWN (if outside corporate limits.	MARYLAND c. LENGTH OF STAY IN 1b	C CITY OR TOWN (If	outside corporate limits	write RURAL :	and give nearest	town
	write RURAL and give nearest town)	O. ELITORI OF STATE IN 15	5.1	, witto working o	4.2.2		
1	Pyresville	Lite	Syre		l e. IS RESIDEN		
	NAME OF HOSPITAL OR INSTITUTION (if not i	n nospital, give street address)	d. STREET ADDRESS	. 0.11	1	ON A FAI	
	119 Springtield	Ave.	119 35	pringtield	HVe.	YES N	DX
3.	NAME OF DECEASED	Middle	Last	4. DATE M	onth	Day Year	
	(Type or print) $\bot Q/?$	W	JONES	DEATH ///A	14 0	28, 196	7
5.	SEX 6. COLOR OR RACE 7. MARRI	ED NEVER MARRIED	8. OATE OF BIRTH	9. ACE (In ye		Days Hours	Min.
1	emale White WIDOW		3-5-188	< 85 yr:	s.		IVI III.
	a. USUAL OCCUPATION (Give kind of work done 10k ring most of working life, even if retired)	D. KIND DF BUSINESS OR INDUSTRY	11. BIRTHPLACE (C	ounty & State, or foreign cou		TIZEN OF WHAT	
	Artist	Art	MARYL	And	0	, S. A.	
13	. FATHER'S NAME		14. MOTHER'S MAIL	DEN NAME			
	Nickolas Jones		Juli	A Webl			
		16. SOCIAL SECURITY NO. 17.	INFORMANT	Ad	Idress	21 /	. 1
10	es, no, or unkown) (If yes give war or dates of service)	219-20-7778 1	liss Flsie	TANIPS	Sikes	sville M	11.
=	18. CAUSE OF DEATH [Enter only one cause po	er line for (a), (b), and (c), 1	1.00 2.770	20/00		INTERVAL BETW	VEEN
	PART I. DEATH WAS CAUSED BY:	Diabetes. Arteri	osclerosis.	generalized:		ONSET AND DE	ATH
	IMMEDIATE ONOSE (d)	Diabetes, Interi	OBCICIOSIS	Bonoraria	·	7/12/66	
	Conditions, if any, which \	Cerebral thrombo	oi - Condin	o foilum			
	gave rise to Immediate	Gerebrai thrombo	SIS, Caldia	C lallute,		through	
	cause (a), stating the DUE TO underlying cause last.	Chronic brain sy	ndrome.			5/28/67	
NO	PART II. DTHER SIGNIFICANT CONDITIONS CONTR	BUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL I	DISEASE CONDITION GIVE	N IN PART 1(a)	19. WAS AUTI	
CAT						PERFORM YES N	0 E
E	2Da. ACCIDENT WAS UNDERLYING 20b	. DESCRIBE HOW INJURY OCCU	JRRED. (Enter nature of	f Injury In Part I or Part	II of Item 18.)		
CERTIFICATION	2DA. ACCIDENT WAS UNDERLYING 20b OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)						
AL		d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, fa	arm, 20f. (City or town	n) (Cour	nty) (St	ate)
MEDICAL		IIIO NOT WALLS	ry, street, office bldg., e	tc.)			
2		vork at work	7 1 10 4	off . May	28 106	7 11 11 11 1	\ las
	21. I certify that (I) (this hospital) atte	anded the deceased from	July 12, , 1	900, 10 112 y	20, 1907	_, that (I) (we) las
	saw the deceased alive on May	28, 19 67, and that	death occurred at_	M, from the caus		TE SICNED	IDDAE
	ZZa. SIGNATORE	Shill "	ATTENDING TO	MED. STAFF			7
	22c. PHYSICIAN'S	/ Tall M.E	D. PHYS. LIMIT 22d. ADDRESS	DIRECTOR PHYS.	Lilivay	31, 1967	
		all, M.D.		ykesville, Ma	aryland		
23	a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City	y, town or cour	nty) (Stat	(e)
	REMOVAL (Specify) 5-31-17	Springfiel	1 Comoton	Sykpail	1/0	M	
24	FUNERAL DIRECTOR	ADDRESS	25a. RE	C'D BY REGISTRAR 25b.	RECISTRAR'S	SICNATURE	
	Hammy Illes Khinks	- Sukaniilla	Mr. HI	N 5 month	mi		
-	I sway was falliffed	sylewice,	//(L) DATE U	0 50/	Mark	Indge.	
		//				() ()	

MARYLAND STATE DEPARTMENT OF HEALTH

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

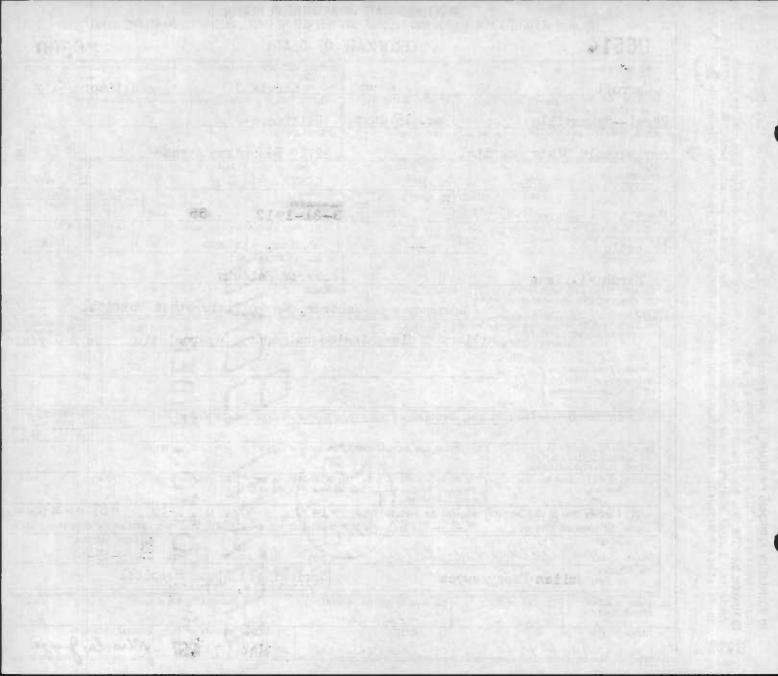
certificate be executed within 24 hours after death

TO FUNERAL DIRECTOR: After this certificate hos been signed by the ottending physician ond completely filled in by the funeral director, page 3 should be detached for use as the burial-tronsit permit. Then please remove carbon papers. Pages if and should be filed with the State Dept. of Health priar to buriol, cremation, or removal, and in any event, within 72 hours after debt

VR A15 (4) 20 M 1/66

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death Page 4 may be retained by the hospital or attending physician.

	06514			CERTIF	ICATE	OF DEATH				nsk	90
	PLACE OF DEATH O. COUNTY Carroll			MAR	YLAND	2. USUAL RESIDENCE (o. STATE Maryl		b. COUI			. /
	b. CITY OR TOWN (If outside corporate limit	's,	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If o					
R	uralSyl	d give nearest tawn)		3mo. 15 d	ays	Baltimor	е		30	est.	
		AL OR INSTITUTION (If n	at in haspital	, give street address)		d. STREET ADDRESS					RESIDENCE N A FARM?
S	nringfie	ld State Ho	spital	1		2719 Edm	ondson	Avenue		YES	NO Sc
3.	NAME OF		irst	Middle		Lost	4. DATE	Mont	th	Doy	Year
	DECEASED (Type or print)	SADIE		MAE		KEEVE	OF DEATH	5		15	1967
-	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIE	D	DATE OF RIPTH	9.	AGE (In years	IF UNDER 1		JNDER 24 HRS.
F	emale	Negro	WIDOWE	DIVORCE	D 🔲	3-31-1912		Inst birthdoy) 55 yrs.	Months [Doys Ho	ours Min.
100	. USUAL OCCUPATION	(Give kind of work done		KIND OF BUSINESS OR		11. BIRTHPLACE (Count		eign country)		ZEN OF WH	AT
	ing most of working	life, even if refired)		INDUSTRY		London,	Alabama	a .	COUR	NTRY?	JSA
	FATHER'S NAME					14. MOTHER'S MAIDEN	NAME				
	Manah	Williams				Roberta Ba	ldwin				
15.	WAS DECEASED EVE	R IN U.S. ARMED FORCES?	16	S. SOCIAL SECURITY NO.	17. 1	NFORMANT		Addre	ess		
(Ye	no, or unknown)	(If yes give war or dotes	of service)	unknown	Red	cords, Spri	nofield	State	Ho spit	al	
	Conditions, if ony rise to immediat stoting the under	, which gove) e couse (o),	(o) Mili (b) (c)	ary & disse	emina	ted pulmons	ry tub	erculosi	S		AND DEATH
ATION	PART II. OTHER SI	GNIFICANT CONDITIONS	CONTRIBUTING	G TO DEATH BUT NOT RE	LATED TO 1	THE TERMINAL DISEASE CO	ONDITION GIVEN	I IN PART 1(o)		19. WAS PER YES Q	S AUTOPSY FORMED? NO
CERTIFICATION		S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b.	DESCRIBE HOW INJURY O	OCCURRED.	Enter nature of injury in	Port I or Port	II of item 18.)			
MEDICAL	20c. TIME OF INJ Hour o.s	10	Whi	INJURY OCCURRED ile Not While ork ot work		CE OF INJURY (Home, for ory, street, office bldg., etc)	(City or town)	(Coun	ty)	(State)
		fy that (x) (this ha eceased alive on_	spital) atte 5	ended the deceased15 19_67_,	fram_ and tha	1-30 , t death accurred a	19 <u>67</u> , to	from causes	and an the	(, that e date s	(A) (we) last tated abave.
*	226) SIGNATURE	Rada	yRI	wents	M.0		MED. DIRECTOR	STAFF PHYS. 5	22b. DAT 5-15		
	22c. PHYSICIAN'S NAME (Type		dzykew	yez		Springfie Sykesvil	ld Sta le, Mar	te Hospi Yland	tal		
230	REMOVAL (Specify		IEREOF	236-NAME OF CEM	ETERY OR	CREMATORY Cen.	1 7/	ATION (City or To		County)	(Stote)
124	i. FUNERAL DIRECTO	Dyett F.	4. 1	ADDRESS 1701 Au	eens	250. REC	AY 17		Clark		dge



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

06515		CERTIFICA	TE OF DEATH		06501					
1. PLACE OF DEATH a. COUNTY C	arroll	MARYLAND	g. STATE	Where deceosed lived, if institution: Reb. COUNTY Maryland	csidence before odmission) Carroll					
write RURAL ond g	estminster	c. LENGTH OF STAY IN 1b	Westmin	utside corporote limits, write RURAL on ster x22 211						
	OR INSTITUTION (If not in honty General I		d. STREET ADDRESS Route #6,	Route #6, Box 111						
3. NAME OF DECEASED (Type or print)	First Antl	nony C.	Kissell	4. DATE Month OF May	Doy Year 20 1967					
S. SEX Male		ARRIED NEVER MARRIED DOWED DIVORCED	8. DATE OF BIRTH 9/15/26	lost birthday) Man						
100. USUAL OCCUPATION (C during most af working life Supervi 13. FATHER'S NAME	e even if retired)	10b. KIND OF BUSINESS OR INDUSTRY Crans World Airli		vania	2. CITIZEN OF WHAT COUNTRY?					
Matthew :	IN U.S. ARMED FORCES?		Anna Ba	lcaitis	ter, Md.					
(Yes, no, or unknown) (II	f yes give wor or dotes of servi WW II	220-12-9435 M	drs. Dolores	P. Kissell Rt. 6,						
Canditions, if ony, we rise to immediate stating the underly lost.	couse (o), ding couse (c)	adeno-Carcin Tulmonery an		milasticia	ONSET AND DEATH					
PART II. OTHER SIGN YOUR CONTRIBUTING COR CONTRIBUTING CORE (IF FITHER NOTIFY M	HIFICANT CONDITIONS CONTRI	BUTING TO DEATH BUT NOT RELATED T			19. WAS AUTOPSY PERFORMED? YES NO					
	CAUSE OF DEATH	205. DESCRIBE HOW INJURY OCCURRI								
20c. TIME OF INJUR Hour o.m. p.m.	19	While Not While ot work	PLACE OF INJURY (Hame, forr foctory, street, affice bldg., etc.)	(Caunty) (Stote)					
saw the dec	that (I) (this haspital eased alive an	attended the deceased fram		2:15 AM, from causes and						
220. SIGNATURE	un 5 /ta	shing	M.D. ATTENDING PHYS. 22d. ADDRESS	MED. STAFF DIRECTOR PHYS.	2b. DATE SIGNED					
22c. PHYSICIAN'S NAME (Type)	JOHN.	S. HARSHEY A	n) & auch	or st. Westman	the wel					
230. BURIAL, CREMATION REMOVAL (Specify) BULLA	, 23b. DATE THEREOF 5/24/67	23c. NAME OF CEMETERY Baltimore Na	ational	23d. LOCATION (City or Town) Baltimore, Ma:	(County) (Stote) ryland					
24. FUNERAL DIRECTOR Howard H.	Hubbard 4	ADDRESS 107 Wilkens Ave.	21229 MAREC	2 3 1967 25 GEGISTRAR	ARMS SIGNATURE					

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and shauld be filed with the State Dept. af Health priar to burial, crematian, ar remayal, and in any event, within 72 haurs after death VR A15 (4) 20 M 1/66

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death,

Page 4 may be retained by the haspital or attending physician.

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	with moreon	Geolege Silver	

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

Н		06516	CERTIFICATE	OF DEATH	06502
		PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived, if ins	titution: Residence before admission)
		o. COUNTY	MARYLAND	o. STATE b. (Taltinore /
		b. CITY OR TOWN (If outside corporate lim	nits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write	
		write RURAL and give nearest town)	11 days	Ealtimore	20.4
		d. NAME OF HOSPITAL OR INSTITUTION (IF		d. STREET ADDRESS	e. IS RESIDENCE
2					ON A FARM? YES NO TA
			Hospital	3313 Chestnut Ave.	
		NAME OF DECEASED	First Middle	Lost 4. DATE OF	Month Doy Year
		(Type or print)	a Prances	Leaf DEATH May	
l	S.	SEX 6. COLOR OR RACE	7. MARRIED NEVER MARRIED 8	3. DATE OF BIRTH 9. AGE (In year	
ı		female white	WIDOWED DIVORCED	6 - 76 -80 86 Y	
i		. USUAL OCCUPATION (Give kind of work don		11. BIRTHPLACE (County & State, or foreign country)	12. CITIZEN OF WHAT
	dur	ing most of working life, even if retired) Mi 77	AUER COHON MILL	Maryland	COUNTRY?
	13.	FATHER'S NAME	TORK CO 116N FITT	14. MOTHER'S MAIDEN NAME	Hellette
ı	10	WAS DECEASED EVER IN U.S. ARMED FORCES	S? 16. SOCIAL SECURITY NO. 17. II	Christine Klimper	Address
		es, no, or unknown) (If yes give war or date	s of service)	NTORMAN	AUU 633
		70		Record Springfield	State Hospital
		18. CAUSE OF DEATH (Enter only one of PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH
		IMMEDIATE CAUS	SE (o) Heart Failure		ONSET AND DEATH
		1345 DI	JE TO		
		Conditions, if ony, which gove	(b) General weakness as	nd cachectic dendition	unknown
		rise to immediate couse (a), stating the underlying couse	JE TO		
		last.	(c) decubitus ulcers &	fungus infection under	l.breast. unknown
		PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CONDITION GIVEN IN PART 1(d	19. WAS AUTOPSY
)	I ON			se with psychetic react	PERFURMED?
	CERTIFICATION	20o. ACCIDENT WAS UNDERLYING		(Enter nature of injury in Part I or Part II of item 18	
	ERT	OR CONTRIBUTING CAUSE OF DEATH	205. DESCRIBE HOW INSURY OCCURRED.	Ellier notate of injury in Cost 1 of Cost in of Neili 10	·1
		(IF EITHER, NOTIFY MEDICAL EXAMINER)		The state of the s	(54)
	MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour o.m.		CE OF INJURY (Home, form, 20f. (City or town bry, street, office bldg., etc.)	n) (County) (Stote)
	×	p.m. 1	9 ot work ot work		
		21. I certify that (I) (this he	ospital) ottended the deceosed from	5-18-67 , 19 to 5-29	, 1967thot (I) (we) lost
H		sow the deceased olive on.	19, ond that	deoth occurred of M, from cou	ses and on the date stated above.
		22a. SIGNATURE	//-	ATTENDING MED. STAFF	22b. DATE SIGNED
		NE (M)	NON M.D.		5-22-67
		22c. PHYSICIAN'S		22d. ADDRESS	
		NAME (Type) H. E. C	enner, M.D.	Sykesville, Maryland	
į	230	D. BURIAL, CREMATION, 23b. DATE 1	THEREOF 23c. NAME OF CEMETERY OR C	CREMATORY 23d. LOCATION (City of	or Town) (County) (State)
		REMOVAL (Specify)	67 ORACE Metho	dist com. Chestwat	Ridge Md
	24	FUNERAL DIRECTOR	ADDRESS		. REGISTRAR'S SIGNATURE
-	0	-6/) -	10- 3-12 - 11 8	JUN 2 1967	guartes judge
	0	UKURCIFUNERAB H	OME BUSIFALLS IT	CAC DATE	U

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after Page 4 may be retained by the hospital or attending physicion.

VR A1 20 M

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

06503

06517 CERTIFICATE OF DEATH

1. 1	PLACE OF DEATH		USUAL RESIDENCE (Where deceosed lived, if institution: Resid o. STATE b. COUNTY	ence before odmission)							
	COUNTY Carroll	MARYLAND	Maryland Carrol	in the same							
	o. CITY OR TOWN (If outside corporate limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and g	ive nearest town)							
	write RURAL ond give neorest town) Westminster	10 days	Woodbine-Rural								
(1. NAME OF HOSPITAL OR INSTITUTION (If not in haspi	ital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?							
C	arroll County Gener	al Hospital		YES NO							
	NAME OF First	Middle	Lost 4. DATE Month	Doy Year							
	Type or print) SANUEL	H. LLAT	HERWOOD, SR OF May	13, 19 67							
S. 3	SEX 6. COLOR OR RACE 7. MARK	RIED NEVER MARRIED 8		R 1 YEAR IF UNDER 24 HRS.							
	Male White widow	WED DIVORCED 1	ov. 7, 1902 64 yrs.	Doys Hours Min.							
		b. KIND OF BUSINESS OR		CITIZEN OF WHAT							
duri	ng most of working life, even if retired)	INDUSTRY	Carroll Co., Md.	COUNTRY?							
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME								
	Howard Leathe	rwood	Lillie G. Fowble								
15	WAS DECEASED EVER IN U.S. ARMED FORCES?			Same As #2							
	s, no, or unknown) (If yes give wor or dotes of service)			dille no re							
	1.0		s. Ruth B. Leathe wood	INTERVAL DEDATED							
	18. CAUSE OF DEATH (Enter only one couse per line PART I. DEATH WAS CAUSED BY:	e for (o), (b), ond (c).)		INTERVAL BETWEEN ONSET AND DEATH							
	IMMEDIATE CAUSE (a)										
	DUE TO	D.									
	Conditions, if ony, which gove tise to immediate couse (o),										
	stoting the underlying cause DUE TO			A CONCLUSION							
	lost. (c)										
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUT	ING TO DEATH BUT NOT RELATED TO T	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED?							
TION	Hesentenenie arte	risaclustre Con	serverela Duema	YES NO C							
FICA	147 7/2		(Enter noture of injury in Part I or Part II of item 18.)								
CERTIFICATION	OR CONTRIBUTING CAUSE OF DEATH										
CAL	(IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Yeor 2	Od INJURY OCCURRED 20e. PLAC	CE OF INJURY (Home, form, 20f. (City or town)	County) (Stote)							
MEDICAL	Hour o.m.	While Not While focto	ory, street, office bldg., etc.)	()							
2		twork U otwork U	10 10 10 10 10 10	0							
	21. I certify that (I) (this hospital) a		t death occurred at 3 M, fram causes and an	/ that (I) (we) last							
ш	saw the deceased alive on	19 6), and that									
	220. SIGNATURE	111	ATTENDING MED. STAFF	DATE SIGNED							
	Jones.	Hershy M.	D. PHYS. LY DIRECTOR LY PHYS. LY 22d. ADDRESS	113/47							
	22c. PHYSICIAN'S NAME (Type)	HAKSHEY M.D									
				1000							
230	BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR	CREMATORY 23d. LOCATION (City or Town)	(County) (Stote)							
	REMOVAL (Specify) 5/16/196	7 Lakeview Me									
24	. FUNERAL DIRECTOR	ADDRESS	2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S								
C.	M. Waltz ox 241 S	ykesville. Md.	DARY 16 1067 Victoria	y Judge							

death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remark-sequebah papers. Pages 1 and should be filed with the State Dept. at Health priar ta burial, cremation, ar remaval, and in any event, within 72 haurs after deat Page 4 may be retained by the haspital ar attending physician.

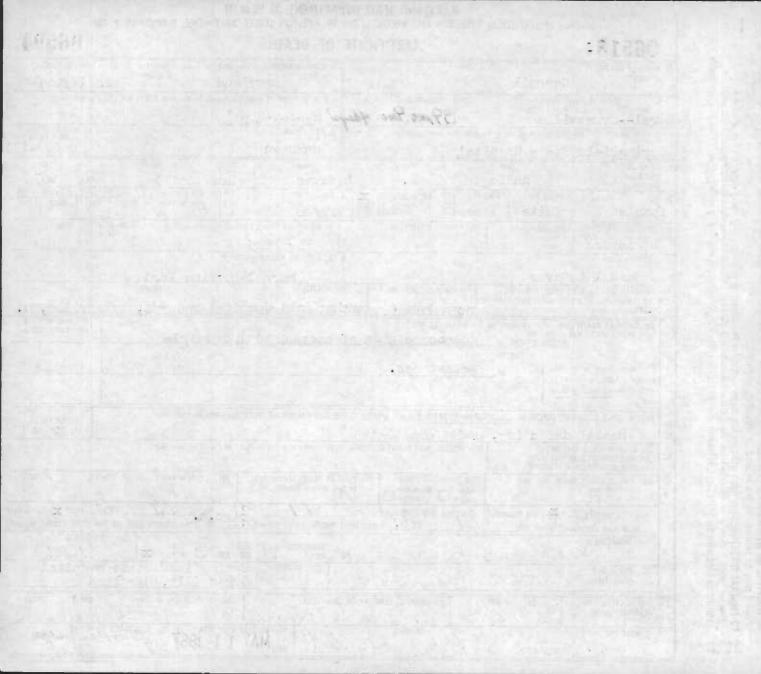
VR A15 (4) 1 20 M 1/66

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		06518			CERTIFI	CATE	OF DEATH	,	, , , , , , , , , , , , , , , , , , , ,		1	165	04	
		PLACE OF DEATH o. COUNTY	Carroll		MARYL	2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) o. STATE Maryland b. COUNTY Washington								
	_		f outside corporate limit I give nearest town) esville	S,	39 yes. 9mc		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown							
12			AL OR INSTITUTION (If n Ld State Ho				d. STREET ADDRESS unknown		e. IS RESIDENCE ON A FARM? YES NO					
		NAME OF DECEASED (Type or print)	Anr	rst lie	Middle E •	L	lost	4. DATE OF DEAT	Mont H 5	h	Doy 8	Yes 196		
	S. SEX 6. COLOR OR RACE 7. MARRIED female white WIDOWED				NEVER MARRIED DIVORCED		7/7/86		9. AGE (In years lost birthdoy) 80 yrs.	Months Months	1 YEAR Doys	Hours Hours	Min.	
	10c. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & Stote, or foreign country) Maryland 12. CITIZE COUNTRY												5A	
	13. FATHER'S NAME Samuel Lefever Mary Catherine Ward													
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service) no lone known Springfield Hospital records, Syke:													
			ATH (Enter only one co H WAS CAUSED BY: IMMEDIATE CAUSE	use per line fo	r (o), (b), ond (c).)		stomach wi				INT	ERVAL BET SET AND D	WEEN	
		Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost. DUE TO (b) metastases DUE TO (c)										onth	S	
1	TION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED?												
	CERTIFICATION	Mental defective, undifferentiated 200. ACCIDENT WAS UNDERLYING □ OR CONTRIBUTING □ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.)												
	MEDICAL	20c. TIME OF INJU Hour o.n	10	20d. Whil of wo	e Not While		E OF INJURY (Home, form ory, street, office bldg., etc.)		(City or town)	((0	ounty)	((Stote)	
			fy that (this have eceased olive on_	pital) after 5/8/	ded the deceased f	ram_ nd tho	8/11/ death occurred at	927 5:25P	to 5/8/ M, from causes	and on t	the dat			
		220. SIGNATURE	Farfred	mo	Lacrit	J.M.		MED. DIRECTOR	STAFF PHYS.	3	-	8/67		
1		22c. PHYSICIAN'S NAME (Type)		EDO 1	M LABRI	7	22d. ADDRESS	Syke		aryla	nd '			
R	_	REMOVAL (Specify	5/11/	67	13c. NAME OF CEMET		CEMETERY	y W.	OCATION (City or To	PCKT.		SHin	Md.	
10,	24	FUNERAL DIRECTO	12 Staf	wit	liómspett	17/	PACE DATE MA	Y 1 1	1967 25b. RE	CUSTRAR'S	CONATU	Judg	R.	

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06505 06513 CERTIFICATE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) 1. PLACE OF DEATH o. COUNTY after MARYLAND c. LENGTH OF STAY IN 16 sporate limits, write RURAL and give nearest town hours within 24 haurs STREET ADDRESS e. IS RESIDENCE ON A FARM? INSTITUTION (If not in hospital give street oddress) papers. within 72 filled NO YES 3. NAME OF DATE Year pou First Middle Lost completely DECEASED OF (Type or print) DEATH 200 the death certificate be executed IF UNDER 1 YEAR IF UNDER 24 HRS S SEX AGE 7 MARRIED NEVER MARRIED ev Months Doys Hours X DIVORCED WIDOWED 10b KIND OF BUSINESS OR 12. CITIZEN OF WHAT USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & Stote, or foreign country) physician and FATHER'S NAME MOTHER'S MAIDEN NAME remaval, WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT (Yes, no, or nimown) (If yes give war, or dates of service) 0 cremation, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) signed by the burial-transit burial, cremati ONSET AND DEATH PART I. DEATH WAS CAUSED BY requires that IMMEDIATE CAUSE (o) DUE TO Kenknew Conditions, if ony, which gove rise to immediate couse (o). DUE TO stoting the underlying couse the Health prior to ATTENDING PHYSICIAN: The law last SD WAS AUTOPSY PERFORMED? hos PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) NO this certificate 0 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH o detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year Hour o.m. foctory, street, office bldg., etc.) Not While After ' at work at work 21. I certify that (1) (this hospital) attended the deceased from Mar 22 1967 be retained and that death accurred at 310 DM, from causes and on the date stated above. saw the deceased alive on_ DIRECTOR: 19 22b. DATE SIGNED 22o. SIGNATURE director, page 3 should be filed v M.D. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S O HOSPITAL TO FUNERAL NAME (Type)

NAME OF CEMETERY OR CREMATORY

(City or Town)

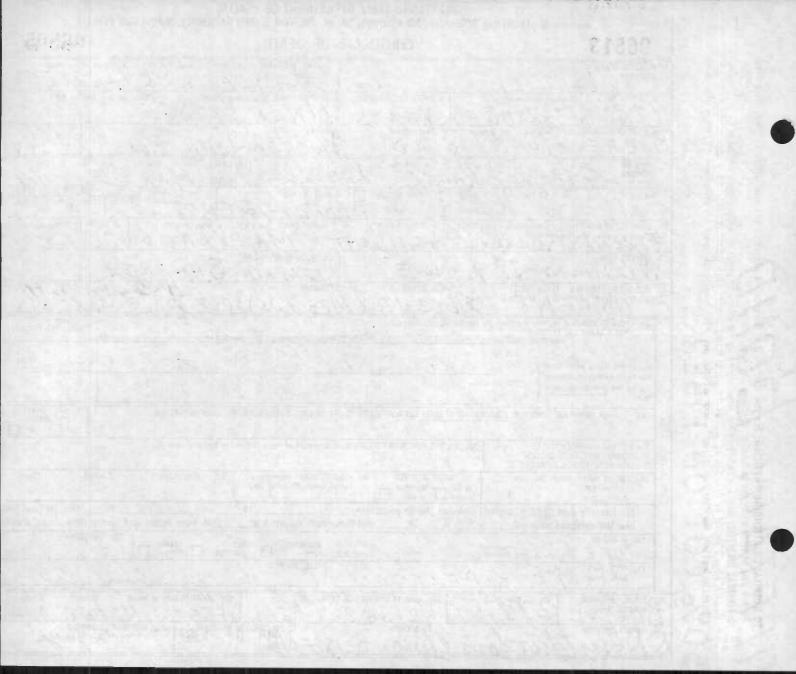
(County)

REGISTRAR'S SIGNATURE

(Stote)

VR A15 (4) 20 M 1/66

BURIAL, CREMATION



25a. REC'D BY REGISTRAR
DAMAY 2 5 18

REGISTRAR'S SIGNATURE

2Sb

1967

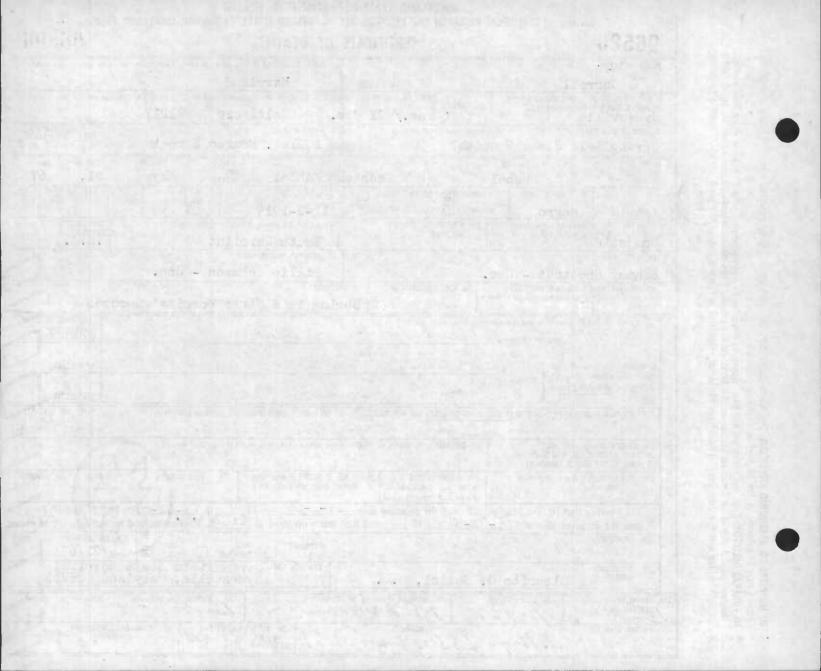
	06520			CERTIFICA	AIE (OF DEATH					5596
	LACE OF DEATH COUNTY	roll		MARYLAND		2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before a. STATE b. COUNTY b. COUNTY					dmissian)
b	CITY OR TOWN (lf outside corporate limits give nearest town)	,	c. LENGTH OF STAY IN 16		CITY OR TOWN (If aut	side carparat	e limits, write RUR	AL and give	neorest to	own)
4	Sykesvil	le		6 mos./ 21	das.	Balti	more	#21217			4
		AL OR INSTITUTION (If no			d	d. STREET ADDRESS		G		e. [S RESIDENCE ON A FARM?
1	pringfi	eld State H	ospita.	1		1021 N. M	onroe	Street			NO E
D	AME OF ECEASED (ype or print)	Fir Mab		Middle NMN Ches	tnut	Last MASSEY	4. DATE OF DEATH	May May		Day	Year 1967
S. S	EX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED] B. [DATE OF BIRTH	9.	AGE (In years last_birthday)	IF UNDER 1		UNDER 24 HI
	female	negro	WIDOWED	DIVORCED [11-2-1919		47 yrs.			
10a.	USUAL OCCUPATION	(Give kind af work dane		ND OF BUSINESS OR DUSTRY		11. BIRTHPLACE (County &	State, ar far	eign cauntry)	12. CITIZ	ZEN OF W	HAT
dunt	Domestic	life, even if retired)	114	ואונטט		South Car	olina		U.	S.A.	
13.	FATHER'S NAME				1	4. MOTHER'S MAIDEN N					
		hestnut - d				Millie Jo	hnson				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (Iff yes give wor or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address											
(no				Spri	ingfield St	ate H	ospital	Record		
	1B. CAUSE OF DI PART 1. DEA	EATH (Enter only one cau IH WAS CAUSED BY: IMMEDIATE CAUSE	/	(a), (b), and (c).)	er	accedent					AND DEATH
	Canditians, if any rise ta immediat		//	nutimes co	ande	is various	du	sol'		year	rs
	stating the unde	rlying cause DUE		mer actions	cust	Res				year	rs
ATION	PART II. OTHER SI	7	ONTRIBUTING T	O DEATH BUT NOT RELATED	1		DITION GIVEN			19. WA	AS AUTOPSY REORMED? NO
L CERTIFICATION		S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)		SCRIBE HOW INJURY OCCURI	RED. (Ent	ter nature af injury in P	art I ar Part	Il af item 1B.)			
MEDICAL	Haur a.ı p.ı	n. 19	While at war	Nat While at wark	factary,	OF INJURY (Hame, farm, , street, office bldg., etc.)	20f.	(City or tawn)	(Coun	ity)	(Stote)
	21. I certi	fy that (以(this has	pital) atten	ded the deceased from	n	1-1-66 ,10	9 Total	5-21-6	7_, 19_	_, that	(I) (we)
	saw the d	eceased alive on	5-21-6	719, and	that d	leath accurred at_	2:52M	, fram causes			
	220. SIGNAFURE	out for 9.1	Sagi.	2	M.D.	PHYS.	MED. DIRECTOR	STAFF PHYS.	5/2	1E SIGNED 21/67	7
	22c. PHYSICIAN'S NAME (Type		G. Sa	gisi, M.D.		22d. ADDRESS Sy	oringf ykesvi	ield Sta lle, "ar	te Hos	spita 217	784
	BURIAL, CREMATIC	ON, 23b. DATE THE		23c. NAME_OF CEMETERY			1	ATION (City or Tay	1	Caunty)	(Stote)

PHys 638 x 6 12mv1

VR A15 (4) 20 M 1/66

24 FUNERAL DIRECTOR

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs affer. Page 4 may be retained by the haspital or attending physician.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

06521 FOR STATE HEALTH DEF

ny deloy is

This certificate should be executed within 24 hours after death. If

TO DEPUTY MEDICAL EXAMINER:

VR A15ME 6M 1/67

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

06507

ALTH	DEPT.	1	PLACE OF DEATH	<u> </u>				2. USUAL RESIDENCE (Where deceosed 1			ence before	e odmission)
de de	7	V	o. COUNTY CARROLL			MARYLAN	ID I	o. STATE Maryland		b. (OI	UNTY arrol	1	
d 3 to Page	ment		b. CITY OR TOWN (f outside corporate limit	S,	c. LENGTH OF STAY IN 1		c. CITY OR TOWN (If o					t town)
, 2, ond n PM3. P	E		WESTMINIS	give neorest town)		Market E.		Westmini	ster			00-1	
2,2	Depart			AL OR INSTITUTION (If no	ot in hospitol, g	give street oddress)		d. STREET ADDRESS	002				e IS RESIDENCE
Give Pages 1, 2 long with farm	e De		Carroll (County Gene	ral Hos	spital		RD #5 -	Box 281-	В			ON A FARM? YES X NO
the dag			NAME OF		rst	Middle		Lost	4. DATE	Мо	nth	Doy	Year
8. Give Pag along with	\$		(Type or print)	GRAN	VILLE	E.		McCARTNEY	OF DEATH		5	8	1967
Gio	=		SEX	6. COLOR OR RACE	7. MARRIED	X NEVER MARRIED	3	DATE OF BIRTH	10	SE (In years	IF UNDE Months	R 1 YEAR Dovs	IF UNDER 24 HRS. Hours Min.
- 0	and 2 wi		Male	White	WIDOWED	DIVORCED [1939	Yrs.			
Item 1 Office	ond		Oo. USUAL OCCUPATION	(Give kind of work done		ND OF BUSINESS OR		11. BIRTHPLACE (Stote		Α)	12	CITIZEN OF	WHAT
r's	ges lo		uring most of working DISPAT	cher	Ho	ward Johns	on	Maryl				COUNTRY 2	3. A.
pencil	poges urs afte		3. FATHER'S NAME				60	14. MOTHER'S MAIDEN					
	Po le	_		Ernest		ertney			y Hall				
- E	it. F			R IN U.S. ARMED FORCES? (If yes give wor or dotes	of corvice)	SOCIAL SECURITY NO.		NFORMANT				same	
rd 'pending' in Chief Medical E	permit. within 73		no	***	1	7-38-1747	M	rs. Sylvi	a M. M.	cCart	ney		£2
f M			18. CAUSE OF DE	ATH (Enter only one cou H WAS CAUSED BY:	ise per line for				9.0				ERVAL BETWEEN SET AND DEATH
Chie	-tronsit event			IMMEDIATE CAUSE	(/	Ŋ	<u>lult</u>	iple injur	ies			-	
word the Cl	urial-t any e		Conditions, if ony	DUE									
he to	burial in any		rise to immediat	e couse (o),	(b)								
	0		stoting the under	lying couse	(c)								
cate, writing be forworded				SNIFICANT CONDITIONS O	. ,	TO DEATH BUT NOT RELATE	D TO T	HE TERMINAL DISEASE CO	NDITION GIVEN IN	PART 1(a)		19	WAS AUTOPSY
V. €	be used removal,	/	THE ST	omitem combinions	ON KIDO III O	DENTI DOS TROT RELISTES		TENTINA DISCUSE CO		, , , , , , , , , , , , , , , , , , , ,			PERFORMED?
cate	be rem	100	20o. EXTERNAL CA	USE WAS	20b. DE	SCRIBE HOW INJURY OCCU	RRED. (Enter noture of injury in	Port I or Port II	of item 1B.)			3 22 10
華田	should on, or r	100	PRIMARY TO COL	NTRIBUTING 🗆	-	iver in auto	,				ingto	n Roa	ad
shou	your files. Page 3 sho	10000	4	IRY Month, Doy, Year			e. PLAC	E OF INJURY (Home, for	m, 20f. (Ci	ity or town)		County)	(Stote)
4 +	your Page cremal	2	20c. TIME OF INJU- Hour X3 5:55 p.n	5 8 196	7 While	Not While volume of work		ry, street, office bldg., etc. Lighway	.)		Carr	011	Md.
Page	ok: Page ial, crema	9	21. I certify	v that I taak chara		nains described abav	e. hel	d an Autansy XI.	Inspection	□ Inc	uiry 🔲	, and	in my apinion
×	ECTOR ECTOR burial							de , Hamicide		termined i			,
lease	RAL DIRECTO prior to buri			1	,			CHIEF MEDICAL					
die die	D D		ACTUAL SIGNATURE	Memer	n. 1	1/_	-	M.D. ASSISTANT MEI	DICAL EXAMINER	X		2	22. DATE SIGNED
erd	RAL D		EXAMINER'S	V	7	n			AL EXAMINER	_		5	5-9-67
necessory the funer	o FUNERAL I	7		WERNER U. S					et, city, town, or c				
nec the	~ 0 E		30. BURIAL, CREMATIC REMOVAL (Specify			23c. NAME OF CEMETER			23d. LOCATI		1	(County	
	- 4	-	BUILLALI	5-12-	1967	Meadow F	Rid	ge lem.	HOW:	ard C	REGISTRAR'S	Harv	rland
	15ME (5)	1	24 FUNERAL DIRECTO	tz, Box241	, Syk	esville, Mo	1.2	1784 250. REC	D B1 KEGISIKAK		KEGISTKAK S		i.

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06522 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY o. STATE b. COUNTY Page Carroll Maryland MARYLAND delay b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Sykesville PM3 6 mos /23 das Baltimore d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS hours Springfield State Hospital 3815 Elkader Road YES NO X ote 8. Give Pages hours after death along with 3. NAME OF Middle 4. DATE First 72 Year DECEASED the within Mary Doonan Anna MILHOLIAND DEATH (Type or print) May S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7 MARRIED NEVER MARRIED lost birthdoy) Dovs DIVORCED white Item 18 Office female event ond 10o. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (Stote or foreign country) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? any II.S.A 5 Seamstress Maryland Examiner's pages 14 MOTHER'S MAIDEN NAME 13 FATHER'S NAME pencil executed within .= Mary Carey - dec. File Michael Doonan - dec. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Chief Medical (Yes, no, or unknown) (If yes give wor or dotes of service removol. Springfield State Hospital Records 212-10-4974 none 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) ONSET, AND DEATH PART I. DEATH WAS CAUSED BY pe Congestive heart failure. 0 IMMEDIATE CAUSE (o) word This certificate should cremation, DUE TO Conditions, if ony, which gove Arteriosclerotic cardiovascular disease. the rise to immediate couse (a). DUE TO stoting the underlying couse 0 lost. buriol, used PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY CERTIFICATION PERFORMED? Involutional Psychotic Reaction. certificote, NO pe 0 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 18.) prior should PRIMARY ☐ or CONTRIBUTING ☐ EXAMINER: CAUSE OF DEATH. agent, 20c. TIME OF INJURY Month, Dov. Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (Stote) Hour o.m. While Not While foctory, street, office bldg., etc.) ot work ot work designated 21. I certify that I taak charge of the remains described above, held an Autopsy Inspection Inquiry ond in my opinian death resulted from: Noturo couses Accident Suicide Homicide Undetermined monner please CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER FUNERAL L SIGNATURE funeral DEPUTY MEDICAL EXAMINER Health or **EXAMINER'S** Glenn Speicher, M.D. Address X Street, div town, or county NAME (Type) the 5 m 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL CREMATION. (County) REMOVAL (Specify)

VR A15ME (5 6M 1/66

JUNIA 24. FUNERAL DIRECTOR

Baltimore Street

athedra

255 PREGISTRAR'S SIGNATURE

. . . n to the last section of the Alberta Asset to MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

06523

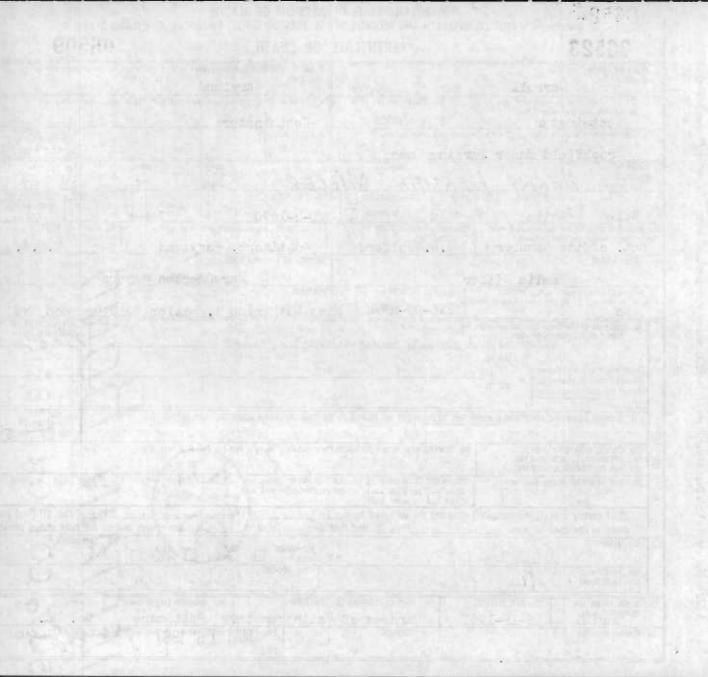
CERTIFICATE OF DEATH

06509

		ACE OF DEATH						Where deceosed lived, if it		ce before odmission)
	0	COUNTY	Carroll		MARYLAI	ND	o. STATE Ma	ryland b	. COUNTY	avol6
	b		outside corporate limits	,	c. LENGTH OF STAY IN I	lb		tside corporote limits, wri	te RURAL ond give	nearest town)
		Westmi	give neorest town)		4wks		Westmins	ter		Alexander 1
	d		L OR INSTITUTION (If no	t in hospitol, g	ive street oddress)		d. STREET ADDRESS		18/11	e. IS RESIDENCE ON A FARM?
8		Brooks	ield Manor	Nursin	ng Home					YES NO
		AME OF ECEASED	11 = Fir	st //	Middle	1:	Lost	4. DATE OF	Month	Doy Year
	(1	ype or print)	HENKY	HEIY	MAN /Y	111	LER	DEATH	5	11 187
	S. S	X	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED		. DATE OF BIRTH	9. AGE (In ye lost birthd		Doys Hours Min.
		Male	White	WIDOWED	DIVORCED		1-4-1890	77		
			(Give kind of work done ite, even if retired)		ND OF BUSINESS OR DUSTRY			& State, or foreign country		TIZEN OF WHAT UNTRY?
			ile, even if retired) Loe Manager	J.	W. Woolford			e, Maryland		U.S.A.
	13.	FATHER'S NAME					14. MOTHER'S MAIDEN			
			Emelia Mi					Mary Bertha		
			R IN U.S. ARMED FORCES? (If yes give wor or dotes o	f service)	OCIAL SECURITY NO.		NFORMANT		Address	
		No			16-09-4994	Mi	ss Katherin	ne E. Miller	· 5010 h	
		18. CAUSE OF DE	ATH (Enter only one cou H WAS CAUSED BY:			1	7	*		INTERVAL BETWEEN ONSET/AND DEATH
		TAKE I. VENE	IMMEDIATE CAUSE	(-)	elro-was	Las. R.	as acces	Jul .		1 organis
		Conditions, if ony,	DUE which gove							
		rise to immediate	couse (o).	(b)		-				
		stoting the under	lying couse	(c)						(C) (C)
		_		, ,	O DEATH RUT NOT RELATE	D TO T	HE TERMINAL DISEASE COL	NDITION GIVEN IN PART 1	(0)	19. WAS AUTOPSY
2	S S	TAKT II. OTTIEK SIK	MITICALLY COMPINIONS C	ONTRIDOTINO T	O DESIGN DON HOT KEEPINE		TE TERMINAL DISSIST CO.		,~,	19. WAS AUTOPSY PERFORMED? YES NO
	FIG	20o. ACCIDENT WAS	UNDERLYING □	20h DF	CRIBE HOW INITIRY OCCU	IRRFD. (Foter nature of injury in	Port I or Port II of item 1	8.)	112 110 110
		OR CONTRIBUTING	CAUSE OF DEATH	200.02.	CHOL HOW HOOK! GOLD		2		*-1	
		(IF EITHER, NOTIFY I	RY Month, Doy, Year	20d. IN	JURY OCCURRED 20	De. PLAC	E OF INJURY (Home, form	n, 20f. (City or tox	vn) (Cou	unty) (Stote)
	MEDICAL	Hour o.m	1.	While of work	Not While of work	focto	ry, street, office bldg., etc.			
	1				led the deceosed from	om	6/2/	1966 to 5/	11 . 196	7, that (I) (we) lo
			ceased alive an	5/11	19_67, on	d that			uses and on th	he date stated abov
		220. SIGNATURE	^ ^	0/ . /0			ATTENDING	MED STAFF	22bD/	ATE SIGNED
			Justines C	work	U	M.D	. PHYS.	DIRECTOR PHYS.	0 3/	11(6)
1		22c. PHYSICIAN'S/ NAME (Type)	Julius	Cha	pko		22d. ADDRESS W	Groom U	estmin	ster ple
	230.	BURIAL, CREMATIO	N, 23b. DATE THE	REOF	23c. NAME OF CEMETER		43	23d. LOCATION (City		(County) (Stote)
		REMOVAL (Specify)	5-15-	1967	Gardens	of I	Taith Cemet		re	Co. Md.
3	24.	FUNERAL DIRECTOR	4		ADDRESS		(36) 2Sa. REV	PAY RESISTRAR 1967	Sb. REGISTRAP'S SI	GNATUR MARK
4	Y.		I (a sept.	4	VIIPO	0	DATE	-0 .04.	0	0 0

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the haspital or ottending physician.



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

06524

CERTIFICATE OF DEATH

06510

	PLACE OF DEATH					2. USUAL RESIDENCE (Where deceosed	ived, if instituti	on: Residence	befare odmis	isian)
	o. COUNTY Carroll MARYLAND				o. STATE Maryland b. COUNTY Carroll						
-	b. CITY OR TOWN (If autside carparate limit	S,	c. LENGTH OF STAY IN		c. CITY OR TOWN (If ou		imits, write RUR	AL ond give	neorest tawn)	
	write RURAL on	Mt. Airy				Mt.	Airy			16.1	
	d. NAME OF HOSPIT	AL OR INSTITUTION (If no	ot in haspital, g	ive street oddress)		d. STREET ADDRESS			,	e. IS RE	SIDENCE FARM?
		611 S. Mai	n St.			611	S. Main	n St.			NO K
	NAME OF	Fi	rst	Middle		Last	4. DATE OF	Month			Year
	DECEASED (Type or print)	Ba	arbara	Ellen		loxley	DEATH		y 31		9 67
S.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED		B. DATE OF BIRTH	1	GE (In yeors	IF UNDER 1 Manths	YEAR IF UND Doys Hour	DER 24 HRS. Min.
	Female	White	WIDOWED	DIVORCED		Jan. 23, 1	.909	st birthdoy) yrs.	Maining	boys nour	J Hill.
100	10a. USUAL OCCUPATION (Give kind of wark dane during most of warking life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 10c. USUAL OCCUPATION (Give kind of wark dane large) 10b. KIND OF BUSINESS OR INDUSTRY Bank			11. BIRTHPLACE (County & State, ar foreign country) 12. CITIZEN OF WHAT							
aur					Mt. Airy, Md. COUNTRY?				ISA		
13.	FATHER'S NAME					14. MOTHER'S MAIDEN NAME					
	Wi	lliam Simo	on			Anna Brashears					
15.	WAS DECEASED EVE	WAS DECEASED EVER IN U.S. ARMED FORCES? s, no, or unknown) [(If yes give wor ar dotes af service)] 16. SOCIAL SECURITY NO. 17. 19.				INFORMANT Address					
(10	No	(II yes give wor at doles t	219	-12-2213	13.0	E. Gaver M	loxley,	Ite	em 2		
-	1B. CAUSE OF DEATH (Enter anly one couse per line for (o), (b), and (c).)							INTERVAL E			
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Pulmonary edema							SNZET AND	urs		
	1704 DUE TO										
	Conditions, if ony, which gave) (b) Metastatic Caro				cinoma			5 ye	ars		
	rise to immediate couse (a), DUE TO										
	last. (c) Carcinoma right breast										
2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)								19. WAS AL	UTOPSY PMED?	
ATIO									10 19	YES 🗌	NO 🔲
CERTIFICATION	20o. ACCIDENT WA		20b. DES	SCRIBE HOW INJURY OCC	URRED.	(Enter nature of injury in	Part I ar Part II	af item 18.)			
8		MEDICAL EXAMINER)									
MEDICAL		URY Month, Doy, Yeor				CE OF INJURY (Home, form		ity ar town)	(Саыг	nty)	(State)
WE	Hour o.i	10	While of wark	Not While ot wark	Tact	ory, street, office bldg., etc.					
	21. I certi	ify that (I) (this ho	spital) attend	led the deceased fr	am	August ,	19_67, to_	5/31/	, 19_6	7, that (I)	(we)klas
	21. I certify that (I) (this hospital) attended the deceased fram August, 19.67, to 5/31/, 19.67, that (I) (we)dast sow the deceased alive an 5/31/67 19, and that death accurred at 10a, M, fram causes and an the date stated above.										
	220. SIGNATURE 22b. DATE SIGNED										
	M.D. PHYS. DIRECTOR PHYS.										
	22d. PHYSICIAN'S NAME (Type) Gilcin F. Meadors, M.D. Frederick, Maryland										
	TWANTE (Type	UTT CTII									
230	BURIAL, CREMATIO	1		23c. NAME OF CEMETE				ION (City or Tov			(State)
	REMOVAL (Specific		2,1967		Gr	ove		t. Air			
24	FUNERAL DIRECTO		T	ADDRESS			D BY REGISTRAR		GISTRAR'S SIG		
	Olin	L. Moleswo	ortn, 1	Jamascus,	Md.	DATE	N 5 19	67 00	leavela	, Juda	R.

TO FUNERAL DIRECTOR: After this certificote has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use os the burial-tronsit permit. Then please remove carbon papers. Pages 2 and 2 should be filed with the State Dept. at Health priar to burial, cremotion, or removol, and is any event, within 72 hours offer deeth. VR A15 (4) 20 M 1/66

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 haurs ofter death

Page 4 moy be retained by the hospital or attending physicion.

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	den. 25. 1729 55		Sweets Ente
	1.6E, YEA.		
	A TELEVISION OF THE SECOND SEC	tiss-l-ext	
	Mark William Strong of		
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	98.71 18.71	anta dona	
			and the parties of

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in partie funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours affer death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
06525
CERTIFICATE OF DEATH

a. COUNTY		2. USUAL RESIDENCE (Where deceased lived, If instit	tution: Residence before admission)
a. county		a. STATE b. COUNT	
b. CITY OR TOWN (if outside corporate	MARYLANO limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write	RURAL and give nearest town)
write RURAL and give nearest town)	17 1%	11 4 1	1 1000
TTTTPS TEAD (12 Life	HAMPSTEAD M	ary /cxd
d. NAME OF HOSPITAL OR INSTITUTION	(if not in nospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
Hillcrest Aven		Hill Crest AVE	YES NO
3. NAME OF First	Middle	Last 4. DATE Month	Day Year
(Type or print) - 1/12 17 17:17	T R Mil	VY24. OF DEATH MAY	12 1967
5. SEX 0. COLOR OR RACE 7.	. MARRIED NEVER MARRIED		UNDER 1 YEAR IF UNDER 24 HRS.
MALO (11/10)	WIOOWED OLYORCED	lung 101/886 Sin vrs.	onths Oays Hours Min.
roa. USUAL OCCUPATION (Give kind of work do	ne 10b. KIND OF BUSINESS OR	11. BIRT HPLACE (County & State, or foreign country)	12. CITIZEN OF WHAT
during most of working life, even if retired)	INDUSTRY	110 M1	COUNTRY?
13. FATHER'S NAME	1 OF YVICUITURE	14. MOTHER'S MAIDEN NAME	1 113.14.
10. IAME 3 (AME)		14. MOTHER'S MAIDEN NAME	
Whittield Mi	41104	Dallie E. PRIC	E.
15. WAS DECEASED EVER IN U.S. ARMED FORCE (Yes, no, or unknown) (If yes give war or dates of se		INFORMANT Address	
no -	220-34-5792	E Carroll Mucro- HA	4ASTEAD MD
18. CAUSE OF DEATH [Enter only one of	cause per line for (a), (b), and (c).]		INTERVAL BETWEEN
PART I. DEATH WAS CAUSEO BY: IMMEDIATE CAUSE (a)	(hromie)	Myocarditio.	ONSET AND DEATH
11351	\times	1 0: -1	
Cenditions, if any, which	1.1.	trail in De Clarend De	ricel .
gave rise to Immediate		ac Justi V pulser car	
cause (a), stating the DUE TO			TOO MEETING
underlying cause last. (c		ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PA	RT1(a) 19. WAS AUTOPSY
TAKTII. OTHEK SIGNIFICANT CONDITION.	S CONTRIBUTING TO DEATH BUT NOT KELL	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PA	PERFORMED?
21			YES NO
PARTII. OTHER SIGNIFICANT CONDITIONS 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING AUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINE)	20b. DESCRIBE HOW INJURY OCC	JRRED. (Enter nature of Injury In Part I or Part II of	tem 18.)
	R)		
20c. TIME OF INJURY Month, Day, Ye	fact	CE OF INJURY (Home, farm, 20f. (City or town)	(County) (State)
Hour a.m.	While Not While at work at work	ny, street, office blog, etc.	
	al) attended the deceased from	Aurel 26, 1967, to 19412	. 1967. that (I) (we) last
saw the deceased alive on		t death occurred at M. from the causes ar	
22a. SIGNATURE	1302, and the		22b. OATE SIGNED
- meld the		ATTENOING MED. STAFF	5717-117
22c. PHYSIC/AN'S	Sept M.	D. PHYS. DIRECTOR PHYS. L	7.701.
22c. PHYSIC/AN'S NAME (Type)	Bush MO	HAMBSTEAD Mary	1/anid
23a. BURIAL CREMATION, 23b. OATE THE	EREOF 23c. NAME OF CEMETER	Y OR CREMATORY 23d. LOCATION (City, tow	n or county) (State)
Burial May 15.	1967 Hampstead	Cemetery Hampstead	Md.
24. FUNERAL DIRECTOR	AOORESS		STRAR'S SIGNATURE
Tipton - Eline Funer	ral Home Hampstead.	Md. DATE MAY 1 5 1967 40	Garley Judge

VR AI5 (4) 20M 1/65

Come H. Maylord Court HAMPSTEAD MD Life HAMPSTEAD MORTHER. Hillard Ave Hillard AVE EVERETT R MUNICY MAY 12 67 MALE White & Sumposition so FARMING Agreetfure Coult Co Maryland USA. Whitfield Murray. Sallie E PRICE 110 - sat in 1992 I Caral Many HAMPS FEND NO Chrome Myosardilis! Certificolinde Couls Osach Basin May 5 17 Mont 26 87 Hays 67 colo I Total Listell I Bill MO Hampstens Karylon-L That is, and it is the contract of the contrac AND WELL STATE OF THE PROPERTY OF THE PROPERTY

15M 4-64

MARYLAND STATE DEPARTMENT

SERVICE TO EAST FAISURE TORRE COMPANIED TWENTY STATE OF METHORS OF 2

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
06527
CERTIFICATE OF DEATH

O D D M &								
1. PLACE OF DEATH a. COUNTY Carroll		MARYLANO	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE Greenmount, Md. Carroll					
b. CITY OR TOWN (if outside write RURAL and give ne Greenmount	corporate limits arest town)		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Greenmount					
d. NAME OF HOSPITAL OR IN	ISTITUTION (If not	t in hospital, give street address)	d. STREET AOORESS e. IS RESIOENCE on a FARM? yes \sum no \frac{12}{34}					
3. NAME OF OECEASED (Type or print)	First Emory	Middle E	Rill Rill	4. DATE Month OF May	Day Year 4 19 67			
M. 6. COLOR (WIOO	WEO DIVORCEO	2/3/ 1891	9. AGE (In years IFUND last birthday) Wonth:	B Days Hours Min.			
10a. USUAL OCCUPATION (Give kir during most of working life, ever Farmer	d of work done 1 n if retired)	Ob. KINO OF BUSINESS OR INOUSTRY	11. BIRTHPLACE (County & State, or foreign country) Carroll County Maryland U.S.A.					
13. FATHER'S NAME			14. MOTHER'S MAIDE					
George W. Ril	LJL		Laura Barber					
15. WAS OECEASEO EVER IN U.S. (Yes, no, or unkown) \ (If yes give was		16. SOCIAL SECURITY NO. 17.	INFORMANT Address					
NO		S.S.219-20-3873	Mrs. Alice	Rill Greenmount,	Maryland			
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]							
PART I. OEATH WAS CA	AUSEO BY:	hronic Myocarditi	S					
4221	OUE TO							
Cenditions, If any, which	cenditions, If any, which) Arteriosclerotic Cardio Vascular Disease							
gave rise to immediate cause (a), stating the	e rise to immediate							
underlying cause last.	Inderlying cause last. (c)							
PARTII. OTHER SIGNIFICANT 20a. ACCIOENT WAS UNDER OR CONTRIBUTING OR CONTRIBUTING (IF EITHER, NOTIFY MEDICAL)	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO X							
	20a. ACCIOENT WAS UNDERLYING CONTRIBUTING CAUSE OF OEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. OESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.)							
Hour a.m.	20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (City or town) (State)							
	21. I certify that (I) (this hospital) attended the deceased from 4/26 , 156 , 156/4/67 , 19 , that (I) (we) last							
saw the deceased aliv	saw the deceased alive on May 1, and that death occurred at 7:30, from the causes and on the date stated above.							
22a. SIGNATURE	22a. SIGNATURE 22b. OATE SIGNEO							
Jacks	ATTENOING MEO. STAFF 5/4/67							
22c. PHYSICIAN'S NAME (Type) JO	seph E. E	Bush M.D.	117 S.	Main St. Hampstea	d, Maryland			
23a. BURIAL, CREMATION, 231 REMOVAL (Specify)	OATE THEREO	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, town or				
Burlat	lay 7, 19			Hampstad, Ca	rroll Co. Md.			
24. FUNERAL OIRECTOR		ADDRESS	25a. REC	O BY REGISTRART 256. REGISTR	AR'S SIGNATURE			
Tipton - Eline	Funeral H	Home Hapstead, Md.	OATE	8 1967 July	0.0			

VR AI5 (4) 20M 1/65

. San , FEROTEURET. bandyrin demonstrative at the extension of the content of the cont Arthur and arrows a common to the common and the common to 157 V. Way St. Britished, Marchael . In a state of the state of th 24 hours after death

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

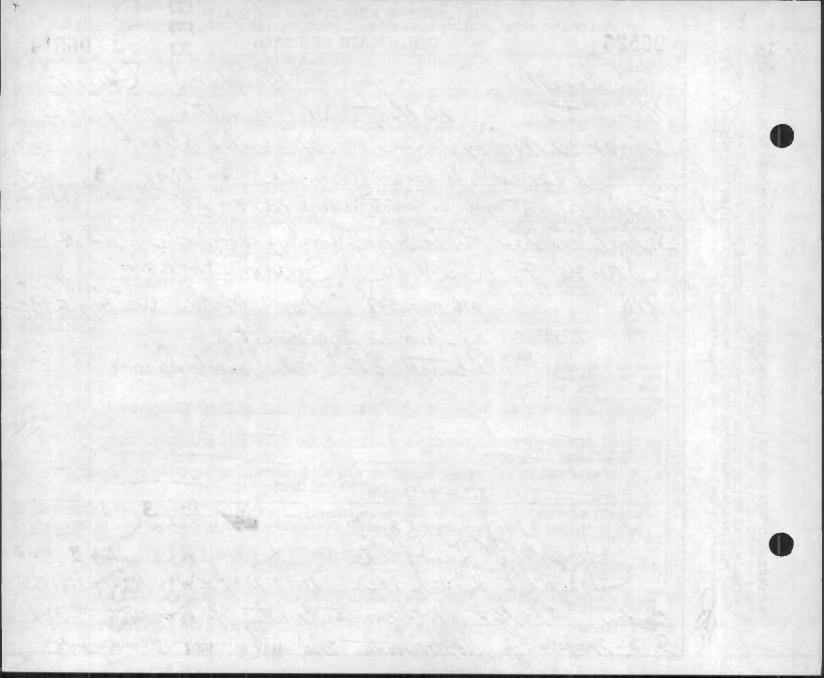
	06528	CERTIFICATI	E OF DEATH		06514
1.	PLACE OF DEATH a. COUNTY	MARYLAND	2. USUAL RESIDENCE a. STATE	(Where deceased lived, If institution: Re	rroll
/	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in	c. LENGTH OF STAY IN 1b	d. STREET ADDRESS	rshie corporate limits, write RURAL NS W Mary	e. IS RESIDENCE
1	Long VICEN MURSING	Home	121 (1)	1/15 Street	YES NO
3.	NAME OF DECEASED (Type or print) FVE/YW	Jackson 1	Last A	DEATH MAY	Day Year 3, 1967
5.	einule Who widower	THE VER IMARKITED	Dec 3 187	9. AGE (In years IF UNDER 1 Months yrs.	Days Hours Min.
10a dur		KIND OF BUSINESS OR HNDUSTRY Sekools	Leesbury		TIZEN OF WHAT UNTRY?
13.	FATHER'S NAME AM ES F. R.	NKER	14. MOTHER'S MAIDEN	JACKSON	1 0/
	WAS DECEASED EVER IN U.S. ARMED FORCES? 16, no, or unkown) (If yes give war or dates of service) 2	6. SOCIAL SECURITY NO. 17.	Evelyn 1,	Mather WEST	Willis St
	PART I. DEATH [Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last. (c)	line tor/(a), (b), and (c).]	ago cordis	to lises	INTERVAL BETWEEN ONSET AND DEATH
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIE	BUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DIS	EASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
CERTIF	20a. ACCIDENT WAS UNDERLYING 20b. OR CONTRIBUTING 20b. (IF EITHER, NOTHEY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of In	Jury in Part I or Part II of Item 18.	
MEDICAL	Hour a.m. While		CE OF INJURY (Home, farm ry, street, office bldg., etc.		nty) (State)
	21. I certify that (I) (this hospital) attended as the control of	/-/	ATTENDING WE	M, from the causes and on the	Z, that (I) (we) last the date stated above. ATE SIGNED 1962 1962
23	BURIAL, CKEMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, town or cou	hty) (State)

25a.

ADDRESS

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please (rengue carbon papers. Pages 1 and 2 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the hospital or attending physician. VR A15 (4) 15M 4-64

FUNERAL DIRECTOR



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death.

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and letely rbon ve car ling physicia Then please attendi i-transi gned certificate ha this detach DIR

papers. Pag within event. and ease and ir remova transit permit. for use Health Po 3 should pa director, p 0

hours within executed certificate death that the physician. been signed the burial-to or to burial, as th The hospital PHYSICIAN: After ould by ATTENDING retain OR be тау HOSPITAL age 4 may VR A15 (4) 20M 1/65

06523 CERTIFICATE OF DEATH 20 S 1. PLACE DF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY a. STATE b. COUNTY MARYLAND MARYLAND CARROLL b. CITY OR TOWN (if outside corporate itmits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town WINFIELD years d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? P.O BOX 210 A. SYKESVILLE, MARYLAND P.O BOX 210 A SYKESVILLE NO K YES NAME DE 4. DATE Year DECEASED OF (Type or print) DEATH 19 / SEX 6. COLOR OR RACE ACE (In years VIFUNDER TYEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED DATE OF BIRTH last #irthday) Months | Days Hours Min. WIDOWED DIVORCED 103. USUAL OCOUPATION (Give kind of work done during most of working life, every if retired) INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? BALTIMORE. MARYLAND U.S.A. GROCERY 14. MOTHER'S MAIDEN NAME WILLIAM SCHRODE TZKI ANNIE BECK 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) (If yes give war or dates of service) P.O. BOX 210A NO MRS LOUISE SCHRODETZK 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating the underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) CERTIFICATI PERFORMED? YES NO [20a. ACCIDENT WAS UNDERLYING I DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER CAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e, PLACE OF INJURY (Home, farm, I 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. MEDI While Not While at work at work 21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on and that death occurred at 22a. SIGNATURE DATE SICNED ATTENDING M.D. DIRECTOR 22c. PHYSICIAN'S ADDRESS 22d. NAME (Type) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) 23d. (State) REMOVAL (Specify) RITCHIE BURTAT CEDAR HILL 25b. REGISTRAR'S SICNATURE 25a. REC'D BY REGISTRAR GEORGE J. GONCE, 4001 RITCHIE HGWY, BALTO, MD Melizy

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

QN8ET AND DEATH WAS AUTOPSY 475 M. from the causes and on the date stated above. HGWY, BALTO, MARYLAND

MARKET BONNET ALLEN STOR A DES TOR DE DE LA CESTAN ALLENS TOR A DES TOR DE LA CESTA DEL CESTA DE LA CESTA DE LA CESTA DE LA CESTA DEL CESTA DE LA CESTA DEL CESTA DE LA CESTA DEL CESTA DEL CESTA DE LA CESTA DE LA CESTA DE LA CESTA DEL CESTA DEL CESTA DE LA CESTA DEL CESTA Lifet , its , that ACTION OF CONTRACT OF THE CONT WES TO THE PERSON OF THE PERSO CERRED V. GONOS, ACOU SERVICE FOR BULLING VO. 1887 IN HORSE CONTRACTOR OF THE SERVICE CONTRACTOR

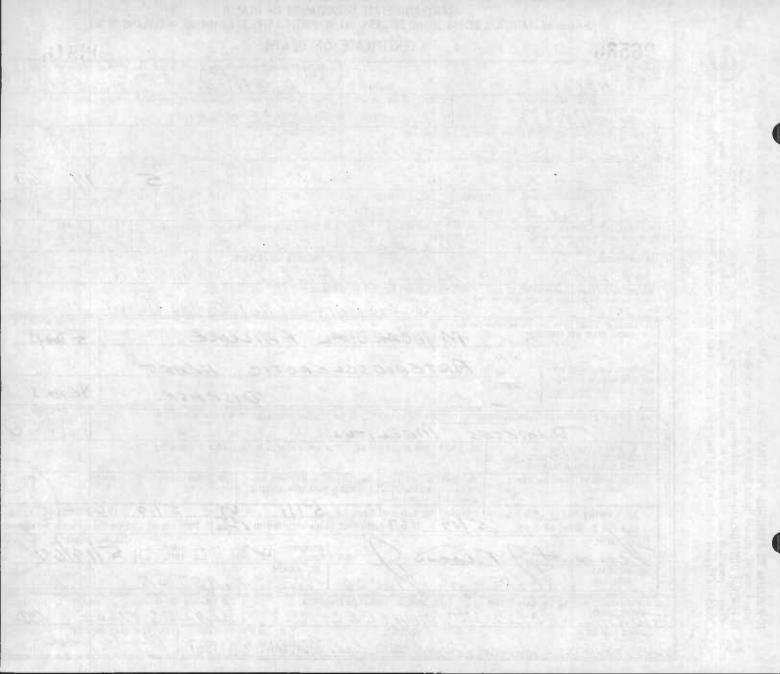
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	06530	CERTIFICATE	OF DEATH		0.6516
1.	PLACE OF DEATH		2. USUAL RESIDENCE (Where	deceased lived, if institution	n: Residence befare admission)
1	a. COUNTY 3 n n n		O. STATE DO A DV /	AND b. COUNT	
H	LAMA OLL	MARYLAND c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside	IT // D	FILUENICK
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)		1	4 4	at one give neorest town)
	WESTMINSTER	INEEK	GRACE	11/11/	10.52
	d. NAME OF HOSPITAL OR INSTITUTION (If not in h	naspital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
6	ARROLL CO. GENER.	AL HOSPITAL			YES NO 🗵
3.	NAME OF DECEASED (Type ar print) BESSIE	MAE S,	HDV	DATE Manth OF DEATH Manth	Day Year /9 19 67
S.	SEX 6. COLOR OR RACE 7. N	MARRIED NEVER MARRIED B	. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
	FWW	IDOWED DIVORCED	12-1-1891	last birthday) 75 yrs.	Months Days Hours Min.
	a. USUAL OCCUPATION (Give kind af wark dane ring mast af warking life, even if retired)	1Db. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & Stat	e, ar fareign country)	12. CITIZEN OF WHAT COUNTRY?
QUI	HOUSEKEEPER	OWN HOME	YIRGINI.	A	115A
13	. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
	WILLIAM B	FAWLEY	MARGARE	T WAIG	HT
15	. WAS DECEASED EVER IN U.S. ARMED FORCES?		NFORMANT	Address	s
(1	es, no, or unknown) (If yes give war ar dates af serv	217-28-1048 Doi	NALD SHRY	TANEYTO	WN MD
Г	18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY:		AL FAILL	IRE	INTERVAL BETWEEN ONSEL AND DEATH
	IMMEDIATE CAUSE (a) DUE TO	740	, , , , , , ,		3 200 4 3
	Canditians, if ony, which gove) (b)	ARTERIOSCI	LEROTIC	14405	
	rise to immediate cause (a), (170-100-1	
	stating the underlying cause (c)_		71	SEASE	YEARS
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRI	DUTING TO DEATH BUT NOT BELATED TO T			19. WAS AUTOPSY
S		10		M GIVEN IN PART I(0)	PERFORMED?
R	DIABETE				YES NO
CERTIFICATION	200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	205. DESCRIBE HOW INJURY OCCURRED. (Enter nature at injury in Part I	ar Part II af item 1B.)	
MEDICAL	2Dc. TIME OF INJURY Manth, Day, Year	20d. INJURY OCCURRED 2De. PLAC	E OF INJURY (Home, form,	2Df. (City ar town)	(County) (State)
MED	Haur a.m.		ory, street, affice bldg., etc.)		
	21. I certify that (I) (this hospital	at work u at work u	5 / 1/ 19 6	7, to 5/19	. 19 67, that (I) (we) last
		5/19 1967, and that			nd an the date stated abave
	22a_SIGNATURE _				22b. DATE SIGNED /
	Vincoust A. F	FIATE (M.D	ATTENDING MED.	CTOR D STAFF	5/19/67
	22c. PHYSICIAN'S		22d. ADDRESS		
0	NAME (Type) //NCENT	J Flocco	WESTM	INSTER	IND
23	BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR C	REMATORY 2	23d. LOCATION (City or Tow	n) (County) (State)
-	REMOVAL (Specify) MAY 22-	1967 MONOCA	CY	BEALLS.	VILLE MD
2	4. FUNERAL DIRECTOR	ADDRESS	2Sa. REC'D BY		ISTRAR'S SIGNATURE
1	NATION TO	. 11 12.	MANINO C	1007 1 Mile	me as wedge

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and camplefely filled in by the funet director, page 3 shauld be detached far use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and shauld be filed with the State Dept. of Health prior to burial, crematian, ar remayal, and in any event, within 72 hours after de

VR A15 (4) 20 M 1/66



O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 hours after death

Page 4 moy be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

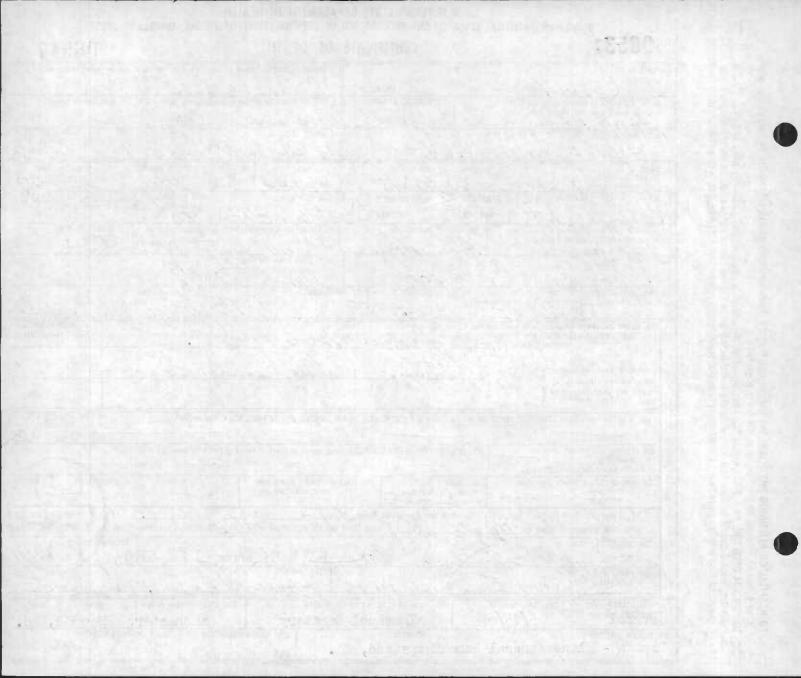
	Divisio	n of STATISTICAL RESEA	RCH AND RECORDS, 301	W. PRESTON STREE	T, BALTIMORE, MARYLANI	21201
	06531		CERTIFICATE	OF DEATH		06517
	o. COUNTY	.//	MARYLAND	o. STATE	here deceosed lived, if institution: R b. COUNTY	Residence before admission)
	b. CITY OR TOWN (If outside		c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If out	side corporate limits, write RURAL a	nd give neorest town)
	write RURAL and give ne	-AS	4 Weak	Haum	w Va	75.3
1	d. NAME OF MOSPITAL OR IN	STITUTION (If not in hespital, gir	ve street oddress)	d. STREET ADDRESS	110	e. IS RESIDENCE ON A FARM?
	Flbert	Rill 150	ad	14/2 Grcha	1 d Street	YES NO
3.	NAME OF DECEASED	First	Middle	Lost	4. DATE Month	Doy Year
	(Type or print)	orge 1	11/10M	TEGER	DEATH //ay	22 1967
S.	SEX 6. COLO	OR OR RACE 7. MARRIED	NEVER MARRIED 8	DATE OF BIRTH		INDER 1 YEAR IF UNDER 24 HRS. nths Doys Hours Min.
10	Male a	bite WIDOWED [D OF BUSINESS OR	CH6/01	State, ar foreign country)	12. CILIZEN OF WHAT
	o. USUAL OCCUPATION (Give ki ring most of working life, even		USTRY	11. BIZARPLACE (County &	1 + word	COUNTRY?
13	FATHER'S NAME	HY.	riculture	14. MOTHER'S MAIDEN N	AME 1/Col	7137
	Charle	176	ger	Maria	Diell	
	. WAS DECEASED EVER IN U.S.			NFORMANT	Address	, 0
(Y	es, no, or unknown) (If yes gi	ed War T 2/0	8-32-5025	mys NG	The Mesu	Hanner Ph
	IB. CAUSE OF DEATH (En	ter only one couse per line for (o), (b), opd (c).)	5.	11/0	INTERVAL BETWEEN
	PART I. DEATH WAS	CAUSED BY: IMEDIATE CAUSE (o)	prome	Mujora	ENILES	ONSET AND DEATH
	4438	DUE TO	t. 1	1/1.11	1 0	
	Conditions, if ony, which g	(0)	wheneve (achit- Vac	swen Clis	u-
	stoting the underlying co	THE PERSON NAMED IN COLUMN TWO				
	last.) (c)				Tio was mires
ATION	PART II. OTHER SIGNIFICAN	T CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE COND	DITION GIVEN IN PART 1(o)	19. WAS AUTOPSY PERFORMED? YES NO
L CERTIFICATION	200. ACCIDENT WAS UNDERL OR CONTRIBUTING TICAUS (IF EITHER, NOTIFY MEDICAL	OF DEATH	CRIBE HOW INJURY OCCURRED. (Enter noture of injury in P	ort I or Port II of item 18.)	and-
MEDICAL	20c. TIME OF INJURY Mon Hour a.m. p.m.	th, Doy, Yeor 20d. INJ While of work	Nat While focto	E OF INJURY (Home, form, ory, street, affice bldg., etc.)	20f. (City or town)	(County) (Stote)
		(I) (this haspital) attend	ed the deceased from 2 2_1962, and that	death accurred at	167, ta May 22 2:15PM, from causes and	, 1967, that (I) (we) las an the date stated above
	22d. SIGNATURE	1/2	I DIG		MED. STAFF DIRECTOR PHYS.	22b. DATE SIGNED May 22.1967
1	22c. PHYSICIAN'S NAME (Type)	sepl E. E	Bush MD	22d. ADDRESS	STEAD M	aryland
23	a. BURIAL, CREMATION,	23B. DATE THEREOF	23c. NAME OF CEMETERY OR C	REMATORY	23d. LOCATION (City or Town)	(County) (State)
1	BEMOVAL (Specify)	5/25/67	Immanuel	Cemetery	Manchester,	Carroll, Md.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and should be filed with the State Dept. af Health prior to burial, crematian, or removal, and in any exemt, within 72 hours ofter death

VR A15 (4) 20 M 1/66

ADDRESS 24. FUNERAL DIRECTOR Tipton - Eline Funeral Home Hampstead, Md. 2So. REC'D BY REGISTRAR

25b. REGISTRAR'S SIGNATURE Misules Judges



FOR STATE HEALTH

DERTA the funeral director. Page 4 should be farwarded to the Chief Medical Examiner's Office along with farm PM3. Page 0 FUNERAL DIRECTOR: Page 3 shauld be used as a hurint traveit 5 may be retained far your files. TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages land 2 who the State Deportment of Health prior to burial, cremation, or removal, and in any event within 72 hours ofter death. TO DEPUTY MEDICAL EXAMINER:

VR A15ME (5) 6M 1/67

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

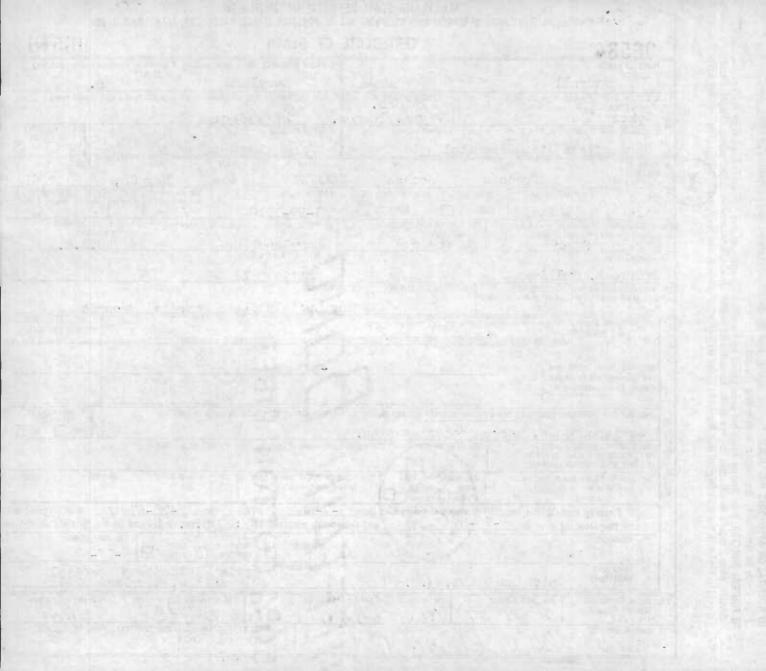
	06532		WE	DICAL EXAMINER	2'5 (ERTIFICATE O	F DEATH		DE	518
	PLACE OF DEATH o. COUNTY Carrol1			MARYLANE		2. USUAL RESIDENCE (W o. STATE Maryland		h COUNTY	Residence before Residence Before	ore odmission)
		If outside corporate limi	its,	c. LENGTH OF STAY IN 1b		c. CITY OR TOWN (If out				est town)
	Westmins	d give nearest town)			-	Westmin			1	2-1
-		AL OR INSTITUTION (If I	not in hospite	ol, give street oddress)		d. STREET ADDRESS	5001			e. IS RESIDENCE
3		L County Ge				Route 6				ON A FARM? YES NO I
3.	NAME OF	-	irst	Middle		Lost	4. DATE	Month	Do	y Year
	(Type or print)	Aubr	ev.	J.		Stem, Jr.	OF DEATH	5	22	19 67
S.	SEX	6. COLOR OR RACE	7. MARRII		7 8	DATE OF BIRTH			F UNDER 1 YEAR	
-	36-7-	T.71. * 4	WIDOWI			arch 23,1	las	t birthday) N	Months Doys	Hours Min
	Male	White (Give kind of work done		KIND OF BUSINESS OR	7 "	11. 8IRTHPLACE (Stote		5 cyrs.	12. CITIZEN C	TALLIAT
	ring most of working	life, even if retired)		INDUSTRY		,	3		COUNTRY	?
10		ss Execut	ive			Carroll		d.	U.S.	. A .
13	13. FATHER'S NAME					14. MOTHER'S MAIDEN N				
		abrey J.					Frizz	ell		
15	. WAS DECEASED EVE	R IN U.S. ARMED FORCES' (If yes give wor or dotes	of service)		17. IN	FORMANT		Address		
1,	I O	(ii yes give wor or dores	OI SELVICE)	218-32-1132	Mr	s. Edith	C. Ste	m Sam	p Ag	é2
	PART I. DEA' Conditions, if ony, rise to immediat stoting the unde last.	, which gove e couse (o),		rteriosclerot:	ic (cardiovascu	lar dise	ase		TERVAL BETWEEN NSET AND DEATH
ATION	PART II. OTHER SI	GNIFICANT CONDITIONS	CONTRIBUTIN	G TO DEATH 8UT NOT RELATED	TO TH	E TERMINAL DISEASE CON	DITION GIVEN IN	PART 1(o)		WAS AUTOPSY PERFORMED?
CERTIFICATION	2Do. EXTERNAL CA PRIMARY ☐ or CO CAUSE OF DEATH.		20ь.	DESCRIBE HOW INJURY OCCUR	RED. (E	nter noture of injury in F	ort I or Port II of	item 18.)		
MEDICAL	2Dc. TIME OF INJU Hour o.r p.r	10	W	I. INJURY OCCURRED 2De.		OF INJURY (Home, form, y, street, office bldg., etc.)	20f. (Cit-	y or town)	(County)	(Stote)
	21. I certif	y that I taak chard	ge of the i	remains described above	, held	an Autapsy 🔽	Inspection [7. Inquiry	/ D. an	d in my apini
		ted fram: Natur			Suicid		COURS .	ermined mani		,
	ACTUAL	Illand	45	~		CHIEF MEDICAL				22. DATE SIGNE
	EXAMINER'S NAME (Type)	Werner U.	Spit	, M.D.		DEPUTY MEDICAL			5/23/6	7
230	BURIAL, CREMATIC			23c. NAME OF CEMETERY Thenezer				N (City or Town)		y) (Stote)
24	A. FUNERAL DIRECTO	R		ADDRESS	Ma		84 REGISTRAR	2Sb. REGIST	TRAR'S SIGNATI	

00350 F. (10) 22200 Harry 27 THE SALES OF STREET, STREET, C.

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item #1a & 2b & 06533 CERTIFICATE OF DEATH executed within 24 hours after death funeral deer 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) 1. PLACE OF DEATH o. STATE o. COUNTY b. COUNTY Carroll MARYLAND (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest tawn) e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS filled in NO carbon NAME OF Middle DATE Doy Year Lost completely DECEASED OF (Type or print) DEATH SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED OF BIRTH AGE remove birthddy) Months Doys Hours WIDOWED DIVORCED in ony and 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND, OF BUSINESS OR 12. CITIZEN OF WHAT pe please COUNTRY ? during most of working life, even if retired) LNDUSTRY requires that the death certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME the attending passit permit. The 17. INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give war ar dates of service 0 cremation, 18. CAUSE OF DEATH (Enter only one couse per line far (a), (b), and (c).) signed by the buriol-tronsit PART I. DEATH WAS CAUSED BY Acute Coronary Occlusion IMMEDIATE CAUSE (o) Arteriosclerotic Cardio-Vascular Disease with Conditions, if ony, which gove Severe Hypertension 5 years Plus rise to immediate couse (a) DUF TO stoting the underlying couse the TO FUNERAL DIRECTOR: After this certificate hos been Health prior OS 19. WAS AUTOPS' PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED? Diabetes Mellitud NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING by the hospital OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Dov. Year foctory, street, office bldg., etc.) Hour o.m. Not While at wark 21. I certify that (I) (this hospital) attended the deceased from May 1, 1904, 19 to be retained 1967, and that death occurred at 7:45 Me Hom couses and on the date stated above. May 25. saw the deceosed alive on_ 220. SIGNATURE 22b. DATE SIGNED May 26, 1967 DIRECTOR Church Street 22d. ADDRESS 22c. PHYSICIAN'S director, po NAME (Type) M. McKendree Boyer M. D. Damascus. Marvland. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL CREMATION (County) Burial Bethesda, Maryland 5-29-67 Mt. Zion Cemetery ADDRESS 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66 PUMPHREY, Bethesda, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH death. puo PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) completely filled in by the funero o. COUNTY o. STATE b. COUNTY Carroll MARYLAND within 24 hours after C. LENGTH OF STAY IN 16 b. CITY OR TOWN (If outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
Sykesville Vrs. d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Springfield State Hospital E YES NO X NAME OF 4. DATE Year DECEASED OF Francis Joseph SULLIVAN May 26 (Type or print) DEATH executed SEX 9. AGE (In veors 6. COLOR OR RACE B. DATE OF BIRTH 7 MARRIED NEVER MARRIED remove lost birthdoy) Months Doys WIDOWED male white 1-29-1910 and 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT requires that the death certificate be during most of working life, even if retired)
Marble cutter COUNTRY? lease INDUSTRY Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 0 еп Mattie Ogle George L. Sullivan 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dates of service 0 Springfield State Hospital Records No -INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse-per-line for (o), (b), and (c), signed by the burial-tronsit PART I. DEATH WAS CAUSED BY: ONSET AND DEATH and varnees IMMEDIATE CAUSE (o' DUE TO bileterali activ Conditions, if ony, which gove rise to immediate cause (o), DUE TO attending | stoting the underlying cause last. has 19. WAS AUTOPS! PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) PERFORMED? Heolth p Schizophrenia, marked deterioration. NO this certificate 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or tawn) (County) (Stote) foctory, street, office bldg., etc.) Haur o.m. ATTENDING of work ot work O FUNERAL DIRECTOR: After 21. I certify that (1) (this haspital) attended the deceased fram 7-7-144 19 . ta 5-26-67, 19 ... that (I) (we) last be retained 19 and that deoth occurred at 9:10 Mp from causes and on the date stated abave. saw the deceased alive an_ 5-26-67 22a. SIGNATUR 22b. DATE SIGNED DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S afield State Hospi NAME (Type) Antonius Glahn director, should b 23a. BURIAL, CREMATION NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) UTIA 250. REC'D BY REGISTRAR 2Sb. REGISTRAR'S, SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

(M)		1	06535			CERTIF	ICATE	OF DEATH			0	6520)
that the deoth certificate be executed within 24 hours ofter death on. by the attending physician and completely filled in by the funeral ransit permit. Then please remove darbor popers. Pages 1 ord 3 crematian, or removol, and in any event within 72 hours ofter death			PLACE OF DEATH D. COUNTY	Carroll		MAR	YLAND	2. USUAL RESIDENCE (V	Where deceased lived,	, if institution b. COUN		fore admission	on)
offe he f ges offe		ŀ	. CITY OR TOWN (f autside corparate limits	,	c. LENGTH OF STAY		c. CITY OR TOWN (If au		, write RUR	AL ond give ned	rest town)	
ours offer by the fu Bages nours ofte		Ru	ralSyl	give negrest town)		lyr. 9m	0.	Baltimor	·e		30-4		
in in ers.	~	C	. NAME OF HOSPITA	AL OR INSTITUTION (If no	t in haspital, gi	ive street oddress)		d. STREET ADDRESS		1		e. IS RESII ON A F.	DENCE ARM?
n 24	2	ST	ringfiel	d State Ho	spital			1325 Hon	nestead St	reet		YES	NO DE
(文字)			NAME OF DECEASED	Fit		Middle		Last	4. DATE OF	Manth		oy Ye	
d w		(Type or print)		garet	Teresa		Suter	DEATH	5	23		67
be executed within 24 hou and completely filled in be remove darbor-popers. In any event within 72 hou		S. S	emale	6. COLOR OR RACE white	7. MARRIED WIDOWED	NEVER MARRIEI DIVORCEI		8/25/83	9. AGE (1 83 lost bi	n years irthdoy) yrs.	Months Doy		Min.
icate be exer		10a. durii	USUAL OCCUPATION ng most of working Housewif	(Give kind of wark done ife, even if retired)		ND OF BUSINESS OR DUSTRY		11. BIRTHPLACE (County Pennsylv		ntry)	12. CITIZEN COUNTR	OF WHAT	
ifica nysic ple ol, a		13.	FATHER'S NAME					14. MOTHER'S MAIDEN	NAME				
th certifing phy Then removo			Edward	Toney For				Margaret	Quinn				147
e deoth certificate b attending physician vermit. Then please an, or removol, and i				R IN U.S. ARMED FORCES? (If yes give wor or dotes of	fearing	OCIAL SECURITY NO.		NFORMANT		Addre			
attendii permit.			no				Spri	ngfield Hos	pital rec	ords,			
that the ion. by the crematic			PART I. DEAT	ATH (Enter only one cou H WAS CAUSED BY: IMMEDIATE CAUSE	TIOON	(o), (b), ond (c).) rt fail.ure						ONSET AND C	
physicion signed b burial-tra burial, cr			Conditions, if ony,		(b) Coro			elerosis wit	th old hea	aled :	left	Years	3
ding een the			rise to immediat stating the under lost.		10 ve r.	ntricle in	farct	•					
t: The lo or attend te has b use os alth prio	7	ATION	Chronic with r	oral nonditions of synder	oniributing IC	DEATH BUT NOT RE	ALTH I	HE TERMINAL DISEASE CON	Terios cle	rosis		19. WAS AUTO PERFORM YES T	OPSY NO
for for file	-	CERTIFICATION	20o. ACCIDENT WAS OR CONTRIBUTING				CCURRED. (Enter noture af injury in	Port I or Port II of ite	em IB.)			
o f t g a		MEDICAL	2Dc. TIME OF INJU	10	2Dd. IN. While at work	JURY OCCURRED Not While at work		E OF INJURY (Home, form ry, street, office bldg., etc.)		r town)	(County)	((Stote)
attenblin etained by CTOR: After shauld be ith the Stat				fy that 🎮 (this has	pital) attend	led the deceased	from				, 1963,		
OR: auld				eceased alive an	5/23	1967,	and that	death occurred of	:45 pM, from	couses			obov
OR AT be reta DIRECT Je 3 sh			22o. SIGNATURE	Penas 1	n. Es	mura	MMD		DIRECTOR P	TAFF Hys.		1/67	
PITAL may be File file	/		22c. PHYSICIAN'S NAME (Type)	Renato R	Espin	0		22d. ADDRESS	Springfi Sykesvil				1
TO HOSPITAL OR ATTEN Page 4 may be retained TO FUNERAL DIRECTOR: directar, page 3 shauld sy should be filed with the	0		BURIAL, CREMATIC REMOVAL (Specify	N, 23b. DATE THE	1967	HOLV K	~ 1	rematory emer	23d. LOCATION			nty) (S	itote)
VR A15 (A)	A		FUNERAL DIRECTO	3.00	,	ADORESS		2So. REC'I	D BY REGISTRAR	2Sb. REG	GISTRAR'S SIGNA	TURE	
20 M 1/66	5	5	Melir	lle Jenk	ns 27	7/3KIR	KA	VE DAMAY	2 9 1967	fal	ionles)	nogh	

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			Marrie Town
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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

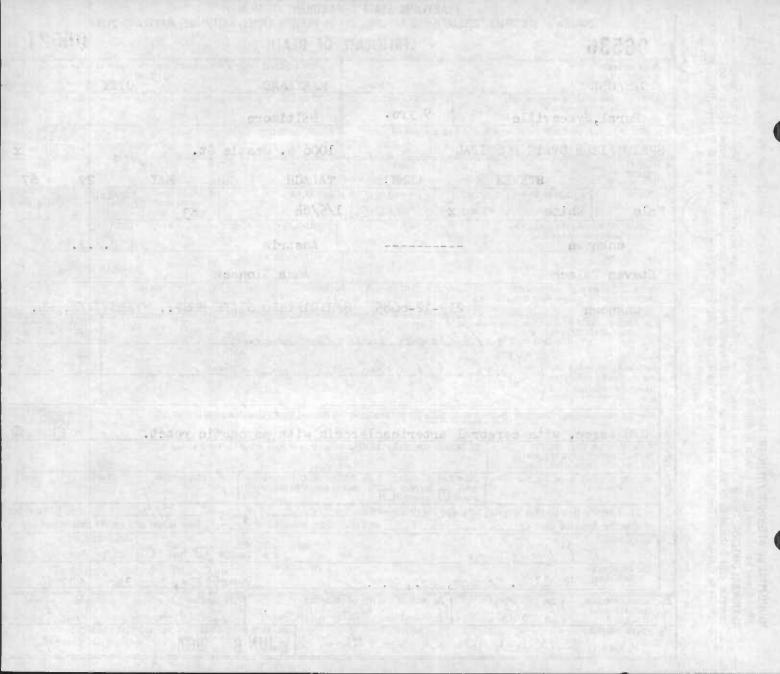
06536	
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CERTIFICATE OF DEATH

06521

10											
1.	PLACE OF DEATH o. COUNTY					2. USUAL RESIDENCE (V	Where decease	d lived, if instituti		before	admission)
L	CARROLI		2.122	MARYL		MARYLAND		D. COOP	CITY		 √
		If outside carporate limid give nearest town)	ts,	c. LENGTH OF STAY IN	16	c. CITY OR TOWN (If ou	tside carporote	e limits, write RUR	AL ond give n	earest	tawn)
	Rural,	Sykesville		9 yrs.		Baltimor	е		3	8.	4
	d. NAME OF HOSPIT	AL OR INSTITUTION (If r	nat in hospital, (give street address)	747	d. STREET ADDRESS				е	ON A FARM?
	SPRINGFIE	LD STATE H	OSPITAL			1006 N. Ca	stle S	t.		Y	YES NO DE
3.	NAME OF DECEASED	F	irst	Middle		Last	4. DATE	Mont	h	Day	Year
	(Type or print)	STEV	EN	(NMN)		TALACH	OF DEATH	MAY		29	19 67
S.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED		B. DATE OF BIRTH	9.	AGE (In years lost birthdoy)		EAR	IF UNDER 24 HRS.
1	Male	White	WIDOWED	DIVORCED		1/5/84		83 yrs.	Monins	oys	Hours Min.
		(Give kind of work done		IND OF BUSINESS OR		11. BIRTHPLACE (County	& Stote, or fore	ign country)	12. CITIZ		WHAT
₫IJ	oring most of working unkn		IN IN	IDUSTRY		Austria			U.S	A.	
13	3. FATHER'S NAME					14. MOTHER'S MAIDEN N	NAME				
	Steven I	alach				Anna Sl	onock				
15	S. WAS DECEASED EVE	R IN U.S. ARMED FORCES	16.	SOCIAL SECURITY NO.	17. II	NFORMANT		Addre	\$\$		
(unknow	(If yes give wor or dates	of service) 2	19-12-6685	S	PRINGFIELD :	STATE	HOSP. S	YKESVI	LLE	E. MD.
	IB. CAUSE OF D	EATH (Enter only one co	use per line, for	(a), (b), and (c),)	3 0	Λ		1		INTE	RVAL BETWEEN
	PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE	(a) An	Mesent 1	ul	Parlomon	44-	5/15/15		ONS	SET AND DEATH
	331		E TO	/			1			-	,
	Conditions, if ony, which gave) (b) CAA + RESULTANT Pala lyles / month										
	rise to immediate cause (o), stoting the underlying couse DUE TO										
	last.)	(c)								
2	PART II. OTHER SI	GNIFICANT CONDITIONS	CONTRIBUTING 1	TO DEATH BUT NOT RELA	TED TO T	HE TERMINAL DISEASE CON	IDITION GIVEN	IN PART 1(o)		19.	WAS AUTOPSY PERFORMED?
ATIO	CBS ass	oc. with c	erebral	arteriosc	lero	sis with ps	vchoti	c react.		YE	
CERTIFICATION	20o. ACCIDENT WA	S UNDERLYING				Enter noture of injury in					
		MEDICAL EXAMINER)									
MEDICAL	20c. TIME OF INJ	JRY Month, Doy, Yeor	20d. II	NJURY OCCURRED		E OF INJURY (Home, form		(City or town)	(Count	у)	(Stote)
MED	Hour a.i	n. n. 19	While of work		facto	ory, street, office bldg., etc.)					
	21. I certi	fy that (I) (this ho			ram	5/6/58 .1	9	5/29/6	57 . 19	, the	at (I) (we) la
		eceased alive on_	5/29/	67 19 , 0	nd that	death accurred at	374M,	fram causes	and an the	date	stated above
	220. SIGNATURE	116/		V		ATTENDING -	MED.	STAFF -	22b DATE	SIGNE	D
	/	Y ((Dri	119121	X	M.D		DIRECTOR [PHYS.	5/29	16	7
	22c. PHYSICIAN'S		- 1			22d. ADDRESS S	pringf	ield Sta	te Hos	pit	tal
	NAME (Type	Huell E.	Connor	, Jr., M.D		S	ykesvi	lle, Mar	wland	2	1784
23	BURIAL, CREMATIC		IEREOF	23c. NAME OF CEMET	FRY OR		23d. LOC.	ATION (City or Tov	vn) (Co	ounty)	(Stote)
	REMOVAL (Specify	6-5-	67	Dehamlan	Mat	Ima / Causta	1 /20	e I temps	2	12	wel.
2	4. FUNERAL DIRECTO	RE	1	ADDRESS	1	2So. REC'L	BY REGISTRA	17.05	GISTRAR'S SIGN	-01	
	July	I was	4 121	1 Chesaco	170	DATE	16 1	967	iones	1 /10	roge.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to buriol, cremation, or remaval, and in any event, within 72 hours after death. 10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the hospital or attending physician. VR A15 (4) 20 M 1/66

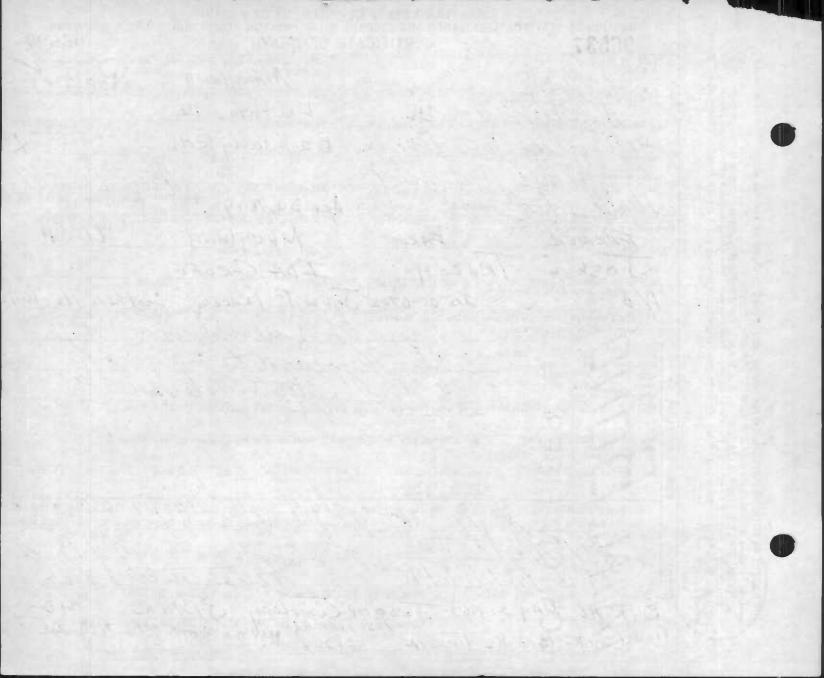


TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	U6537 CERTIFICATI	E UF DEATH	1100332
1.	PLACE OF DEATH a. COUNTY,	2. USUAL RESIDENCE (Where deceased lived, If institution	: Residence before admission)
	a. OUT MARYLAND	a. STATE MARCALAND b. COUNTY'	SALTMORE
Т	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest rown)	c. CITY OR TOWN (If outside corporate limits, write RUR	
	write kukat and give nearest town)	Lutherville	0219
	d. NAME OF HOSPITAL OR INSTITUTION (it not in hospital, give street address)	d. STREET ADORESS	e. IS RESIDENCE
	Holden line Sure Hours	Brandway Rd.	ON A FARM?
3.	WAME OF First Middle	Last 4. BATE (Month)	Oay Year
	DECEASEO (Type or print) Aug (1)	OF DEATH	19 1967
5.	SEX OLOR OR RACE . MARRIED NEVER MARRIED 8	8. DATE OF BIRTH 9. AGE In lears I UNO	ER 1 YEAR IF UNDER 24 HRS.
	Male While WIOOWED DIVORCED	Apr. 24, 1879 8 yrs.	s Days Hours Min.
102	USUAL OCCUPATION (Give kind of work done lob. KINO OF BUSINESS OR INOUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12.	COUNTRY?
	TARMER FARM	MHEG HWO	CINA
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	Joshua /RACEY	IDA GROFF	
15 (Y:	. WAS OFCEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address	
, , ,	110 215-05-6705	chw 1. RACECY Listh	erville, lug
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN ONSET AND OBATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	· Julinina	LIMA
	DUE TO AL OL		
	Conditions, if any, which (b)	ocaralle.	7
Н	gave rise to Immediate cause (a), stating the DUE TO	111111	X
	underlying cause last. (c)	College Celevaria	
1100	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TEO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1	(a) 19. WAS AUTOPSY PERFORMEO?
ICA			YES NO
RTIF	20a. ACCIOENT WAS UNOERLYING 20b. DESCRIBE HOW INJURY OCCU	IRRED. (Enter nature of Injury In Part I or Part II of Item	18.)
CE	OR CONTRIBUTING □ CAUSE OF OFATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
CAL	factor	CE OF INJURY (Home, farm, 20f. (City or town) (i ry, street, office bidg., etc.)	County) (State)
MEDI	Hour a.m. While Not While factor Pom. 19 at work at work	1 1	
	21. I certify that (I) (this hospital) attended the deceased from	aly 4, 1966, to 111111/9, 19	that (I) (we) last
	saw the deceased alive on May 19 19 19 and that	death occurred at the from the causes and or	n the date stated above.
	22a. SIGNATURE	ATTENDING MEO. STAFF	DATE SIGNED
	TITA asless M.D	DIRECTOR PHYS.	ay 19-61
	22c. PHYSICIAN'S NAME (Tyge) // // A GT/N	22d. ADDRESS	1 lun
232	BURIAL, CREMATION, 23b. OATE THEREOF 23c. NAME OF CEMETERY	OR CHEMALORY 23d. LOCATION (City, town br	county) (State)
	BURIAL MAY 23.1967 TESBUP	Campan PRARKS	MD
24			AR'S SIGNATURE
	NI Cook- Brooks Towson: 2	1204 OATEAY 23 1967 Pellan	les Judge
V	- COO! (41001/7 (00070)0! Ox	1 20 7 I VAIET IN OUT IN	

VR AI5 (4) 20M 1/65



VR A15 (4) 15M 4-64

	MARYLAND STATE DEPARTMENT OF HEA	LIH
DIVISION OF STATISTICA	AL RESEARCH AND RECORDS, 301 W. PRESTON STR	EET, BALTIMORE 1, MARYLAND
06538	CERTIFICATE OF DEATH	08004

PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Res	sidence before admission)
CARROLL MARYLAND	MARYLAND BALTIMOR	RE CITY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) SYKESVILLE 30 yrs.	c. CITY OR TOWN (If outside corporate limits, write RURAL a Baltimore, Maryland	and give nearest town)
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address	d. STREET ADDRESS	e. IS RESIDENCE
Springfield State Hospital	19 S. Franklintown	YES NO
3. NAME OF First Middle DECEASED (Type or print) HANNAH	Last 4. DATE Month OF DEATH May	Day Year 19 67
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	1.8 DATE OF BIRTH 19. AGE (In years I FUNDER 1	
female white WIDOWEO DIVORCED	1000 /9 yrs.	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bookkeeper 10b. KINO OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CIT	UNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Unknown	Unknown	
	. INFORMANT Address	
(Yes, no, or unkown) (If yes give war or dates of service) 220-54-7140	Hospital records	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSEO BY: Myocardial Infar	ction	seconds
430 / OUE TO		******
Conditions, If any, which) (b) Arterio-Scleroti	c Heart Disease	years
gave rise to immediate (years
	east Cancer at Left FemoralBo	119. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RE d. Schizophrenic reaction—Hebephren e. Right Mastectomy (3 yrs.ago) 20a. ACCIOENT WAS UNDERLYING 20b. OESCRIBE HOW INJURY OC OR CONTRIBUTING CAUSE OF OEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		PERFORMEO? YES NO X
20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e, P	CLACE OF INJURY (Home, farm, totory, street, office bldg., etc.)	nty) (State)
21. I certify that (I) (this hospital) attended the deceased from	June 17 . 1937 to May 21 . 1965	7_, that (I) (we) last
saw the deceased alive on May 21 19 67, and the	hat death occurred a 8:15 M, from the causes and on th	
22a. SIGNATURE	22b. OA	TE SIGNEO
I. Esendal, M.D. M	A.O. PHYS. MEO. STAFF	
22c. PHYSICIAN'S Julou Staff Psychiatris		
REMOVAL (Specify) 5-31-67 Nog M. as	RY OR CREMATORY 23d. LOCATION (City, town or countries and BATIMOR 5	Mcl.
TYLING ADDRESS ADDRESS	8 Jand UN 7 1967 Mclarle	0 100
	1 21	

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MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

(NA)		06539	CERTIFICATE	OF DEATH		06523
uneral ar death		LACE OF DEATH COUNTY,	MARYLAND	2. USUAL RESIDENCE (Where de o. STATE	ceased lived, if institution: Residen b. COUNTY	ce before admission)
n by the furs. S. Pages 1 hours ofter		CITY OR TOWN (If autside carparate limits, write RURA) and give neorest tawn)	c. LENGTH OF STAY IN 1b	DiT.	porote limits, write RURAL and give	e nearest tawn)
lled in bapers.		NAME OF HOSPITAL OR INSTITUTION (If not in		d. STREET ADDRESS 2436 Maryland	1 Are	e. IS RESIDENCE ON A FARM? YES NO
the attending physician and completely filled in by the fait permit. Then please remove carbon papers. Pages nation, or removol, and in any event, within 72 hours often		AME OF First ECEASED Type or print) EX 6. COLOR OR RACE 7.	Middle Deremiah MARRIED NEVER MARRIED B	Lost / 4. DA OF DEF		Doy Year 28 1967 1 YEAR 1 IF UNDER 24 HRS.
emove any ev			MARRIED NEVER MARRIED B WIDOWED DIVORCED DIVORCED 106. KIND OF BUSINESS OR	2-27-44	last birthdoy) Months 3 yrs.	Doys Hours Min.
ician al lease r	dur	ag most of working life, even if refired)	INDUSTRY Laborer	14. MOTHER'S MAIDEN NAME		USA.
g phys Then p movol,		Henry UTZ.	Liv could county be Liz M	Deborzh NFORMANT	EcKer.	
attendin ermit. on, or re		WAS DECEASED EVER IN U.S. ARMED FORCES? , no, or unknown) (If yes give wor or dotes of ser	vice) 218-10-0124 S	ringfield ST.	Hosp. Record	
an. by the attransit perr		1B. CAUSE OF DEATH (Enter only one couse p PART I. DEATH WAS CAUSED BY: 1MMEDIATE CAUSE (a)	er line for (0), (b), and (c).)			INTERVAL BETWEEN ONSET AND DEATH
physici signed burial-i buriol,	N	Conditions, if any, which gove rise to immediate couse (a), stoting the underlying cause				2 d 445
tendir us bee os th prior t		PART II. OTHER SIGNIFICANT CONDITIONS CONTI	RIBUTING TO DEATH BUT NOT RELATED TO THE	HE TERMINAL DISEASE CONDITION (GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
tal or ficote for us f Healt	L CERTIFICATION	CHronic Brain Syn 200. ACCIDENT WAS UNDERLYING D OR CONTRIBUTING DICAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED. (7, YES NO 🔀
this this leta	MEDICAL	20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. p.m.		E OF INJURY (Home, form, ry, street, office bldg., etc.)		unty) (Stote)
T T 0		21. I certify that (I) (this haspite saw the deceased alive an	al) attended the deceased fram	death occurred at 7	PM, from causes and on t	
× 30 00 ×		220. SIGNATURE	ex M.D	ATTENDING MED. PHYS. DIRECTO	STAFF -	ATE SIGNED 28-67
		22c. PHYSICIAN'S NAME (Type) Dr. H. E (CONNOR.	Springfield	ST. Hosp.	(6.1)
Poge 4 may To FUNERAL director, po	1	BURIAL, CREMATION, REMOVAL (Specify) 5-3/-	19 PIPE CR	EEK C	ARROLL (Sity or Town) ARROLL (DO) GISTRAR 2Sb. REGISTRAR'S S	(County) (State)
VR A15 (4)	12	FUNERAL DIRECTOR LUTSUAS	NEW WINDSOR	DATE MAY 3	1 1967 Wiles	la Ondo

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MARYLAND STATE DEPARTMENT OF HEALTH

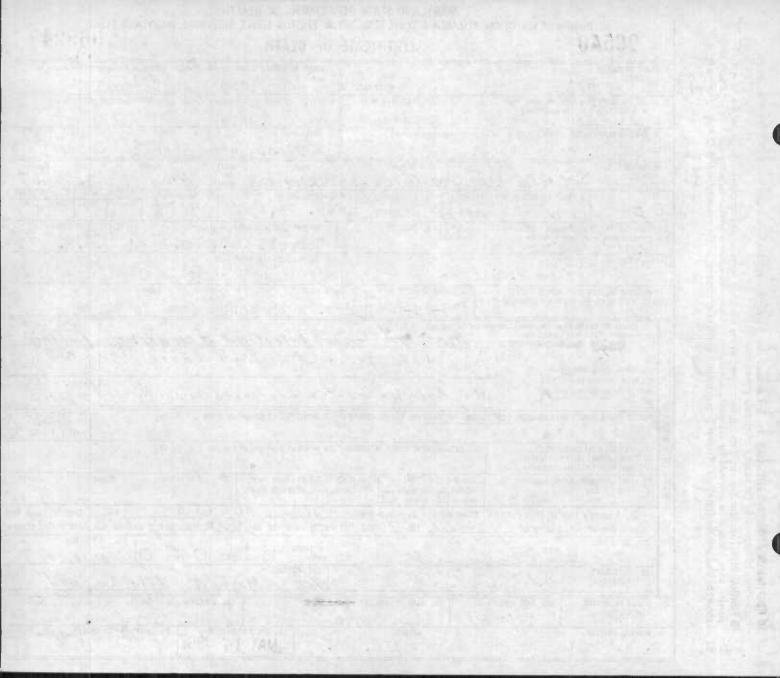
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

105524 06540 CERTIFICATE OF DEATH

M		PLACE OF DEATH o. COUNTY arroll MARYLAND		2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) o. STATE Maryland Carroll	
///	-				
		b. CITY OR TOWN (If outside corporate limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write	RURAL and give nearest town)
		write RURAL and give nearest town)	2 years	Mt. Airv	06-1
		d. NAME OF HOSPITAL OR INSTITUTION (If not in h		d. STREET ADDRESS	e. IS RESIDENCE
60	807 S. Main Street		807 S. Main Str	ON A FARM? YES NO TO	
-)	3.	NAME OF First Middle			Aonth Doy Year
I		OFFICE ASED (Type or print) Sophia Do	orsey Glover	Webb DEATH Ma	1 14 1967
	S.	SEX 6. COLOR OR RACE 7. N	THE PER NOT THE PE	B. DATE OF BIRTH 9. AGE (In year) 1880 9. AGE (In year)	Months Doys Hours Min.
		FWW	DIVORCED	Feb. 20, 1880 8 y	s.
		. USUAL OCCUPATION (Give kind of work done	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & Stote, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	auri	ing most of working life, even if retired) Social Vorker	INDUSTRY	Carroll Co., Md.	U.S.A.
	13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
		Charles P. G.	lover	Anna Dorsey	
	15.	WAS DECEASED EVER IN U.S. ARMED FORCES?		NFORMANT	ddress
	(16	(If yes give wor or dotes of serv	135-01-0262 M	rs. Ruth Webb Same	As #2
2		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)			
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Massive Gastro intostind Hamourhace Loss than			
		DUE TO due to undetermined Cause I hour			
		(onditions, if ony, which gove)			
		rise to immediate couse (a),			
		stoting the underlying couse (150) - Arteriosclerutic Cardiovascular disease 5 yours.			
		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED?			
	ATION				YES NO
	200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of it			Enter noture of injury in Port I or Port II of item 18.	
	CERI	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			
	S	20c. TIME OF INJURY Month, Doy, Yeor	20d. INJURY OCCURRED 20e. PLAG	TE OF INJURY (Home, form, 20f. (City or town	(County) (Stote)
20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. p.m. 19 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.) 20f. (Cit			ory, street, office bldg., etc.)		
	21. I certify that (I) (this haspital) attended the deceased from March, 1967, ta Mzy, 1967, that (I)				
	saw the deceased alive on May 14 1967, and that death accurred of M, fram causes and on the				es and on the date stated abave
		22b. SIGNATURE 22b. DATE SIGNED			
-		Class Cecleure M.D. ATTENDING MED. STAFF DIRECTOR DIRECTO			
1		22c. PHYSICIAN'S 22d. ADDRESS			
0	230	BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY CON		r Town) (County) (Stote)
K		REMOVAL (Specify) 5/17/196	67 Pine Grove		iry. l'd.
40	24	. FUNERAL DIRECTOR	ADDRESS		REGISTRAR'S SIGNATURE
La H		1. N. Waltz Box 24	1 Sykesville. M	1. MAY 1 7 196/	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 4 end 2 shauld be filled with the State Dept. at Health priar ta burial, crematian, ar remaval, and in any event, within 72 haurs of terresort.

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